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ABSTRACT

Focusing on six major topics to be addressed at the 1981 White House Conference (economic security, physical and mental health, social well being, older Americans as a national resource, creating an age-integrated society, and research), the National Indian Conference attracted 1,165 persons from more than 140 tribes (592 being Indian elders over 69 years of age). Twenty-five intensive 4-hour workshops on Indian elderly covered such areas as institutional care, in-home services, transportation, nutrition, pensions, Indian religious freedom, elderly and the Indian Child Welfare Act, education of and by Indian elders, relationships between young and old, energy related problems, census methodology, biomedical research, social research, elderly urban Indians, the future of American Indian culture, tribal elderly and energy development, institutional care, the Administration on Aging and Title VI, and political activism. Resolutions are listed urging establishment of supplemental burial funds, establishment of an Indian Desk within the Administration on Aging, adoption of the concept of direct funding in all Federal social services programs, etc. The final report also provides an introduction, background, objectives, format, participants, events, and agenda. Appendices contain a list of workshop topics and panelists, conference resolutions and tribal resolutions, and a list of Congressional committees concerned with Indian elderly. (AH)

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A NEW DECADE

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Final Report on the

Third National Indian Conference on Aging

Albuquerque, New Mexico

September 8-10, 1980

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MAY THE CIRCLE BE UNBROKEN

A NEW DECADE

FINAL REPORT
ON THE
THIRD NATIONAL INDIAN CONFERENCE ON AGING

sponsored by
The National Indian Council on Aging

ALBUQUERQUE CONVENTION CENTER
SEPTEMBER 8-10, 1980
Albuquerque, New Mexico

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FOREWORD

The Preservation of Indian Culture

Realizing that our lives are now in the midst of the American way of life, we are concerned about the quality of our life as Native Americans, which is, to that extent, derived under the American ideals of justice and equality under law. In order that we may be heard and heeded in our right to the enjoyment of our culture as a separate people, we find it necessary to state a philosophy that expresses a purpose in our living as Native Americans, looking to those teachings in the practices, customs, and usages of our cultures that are unique to each of our separate life ways.

Our sense of fulfillment is the realization of the wholeness of life touched by our concept of self, community, and the environment as these concepts have come to us through our cultural teachings from time immemorial. Each of these parts of the whole is conceived to be an equal spiritual life form. The spirituality of these elements comes to our understanding through the oral traditions that show us the way in which we might see the significance of life and living. These oral traditions are our literature, philosophy, history, law, and geography that teach us the wholeness of the world, our world, and how we are a part of it; how we move with it.

Life is continuous, what we do and feel, hear and say, follow a law of continuity. We must have roots in order to grow. Our roots are the cultural antecedents that bring a sense of the past important to our life. Our hope for the future becomes clear for us only when it becomes manifest through our sense of our past and our present. To deny, or in any way limit the practice of our culture, therefore, is to begin uprooting our very lives.

Our life, as a people, is at least equal to all other life forms. Therefore, it can be compromised no more nor less than other life forms. It can not be compromised for the expediency of the making and the carrying out of laws by governments; it can not be compromised for the niceties of public interest in the preservation of antiquity or the endangered species for their own sake. It is not enough to say that mere access or entry into the Indian tribal way is a violation, in itself, of the law for the protection and preservation of designated places and areas, that are also significant to Indian entry for cultural reasons. It is not enough to say that Indians must abandon their cultural ways and conform to the American way because of its dominating influence and reason.

Our life is a birth-right that transcends the laws of man, and must not be compromised by judgments under man-made law.

EMORY SEKAQUAPTEWA
University of Arizona

MAY THE CIRCLE BE UNBROKEN

You have
noticed that everything an
Indian does is in a circle, and that is
because the Power of the World always
works in circles, and everything tries to be round.
In the old days when we were a strong and happy people,
all our power came to us from the sacred hoop of the nation
and so long as the hoop was unbroken the people flourished.
The flowering tree was the living center of the hoop, and the circle
of the four quarters nourished it. The East gave peace and light, the
South gave warmth, the West gave rain, and the North with its cold
and mighty wind gave strength and endurance. This knowledge came
to us from the outer world with our religion. Everything the Power of
the World does is done in a circle. The sky is round and I have heard
that the earth is round like a ball and so are all the stars. The Wind,
in its greatest power, whirls. Birds make their nests in circles, for theirs
is the same religion as ours. The Sun comes forth and goes down
again in a circle. The moon does the same, and both are round.
Even the seasons form a great circle in their changing, and always
come back again to where they were. The life of a man is
a circle, from childhood to childhood and so it is in
everything where power moves. Our tipis were
round like the nests of birds and these were
always set in a circle, the nation's hoop,
a nest of many nests where the Great
Spirit meant for us to hatch
our children!

— Black Elk

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ACTION

Administration for Native Americans

Albuquerque Chamber of Commerce

Albuquerque Convention Center

Albuquerque Urban Indian Center

All Indian Pueblo Council

Americans for Indian Opportunity

Bureau of Indian Affairs, Albuquerque Office

Bureau of Indian Affairs, Central Office

Eight Northern Indian Pueblo Council

Governor's Office, State of New Mexico

Harwood Training Center, Albuquerque

Hotel Regent Convention Staff

Indian Health Service, Albuquerque Area

Indian Health Service, Central Office

National Indian Youth Council

Navajo Tribe

Six Sandoval Pueblos

Three Affiliated Tribes of North Dakota

University of New Mexico

White House Conference on Aging

We also wish to thank the many individuals who contributed their time and effort to the conference. These include Elizabeth Kayate; Ralph Zotigh; Nancy Garcia; Paul Ortega; NICOA's Conference Planning Committee, Phoebe Cloud, Louva Dahozy, Lorena Dixon, Patricia Wood, and Chairman Allan Jemison; the conference speakers and panelists; and the many other individuals who assisted at the conference on behalf of the elders.

To all, our gratitude.

REPORT
ON THE
CONFERENCE

INTRODUCTION

The 1980 National Indian Conference on Aging saw the gathering of almost 600 Indian and Alaskan Native elders from tribes across the nation. Joining them were an equal number of service providers, administrators, planners, and policy makers whose only commonality was a concern for the well-being of Indian and Alaskan Native elderly.

These people came together to document the needs of Indian* elders, to voice their concerns about the status of the elderly, to celebrate the strengths of Indian elders and their cultures, and to develop recommendations for action to improve the lives of the elders without jeopardizing what remains of the Indian way of life.

BACKGROUND

The 1980 National Indian Conference on Aging was the third such conference ever held.

The first was sponsored by the National Tribal Chairmen's Association in June 1976 in Phoenix, Arizona. It provided the first national forum to address concerns of the Indian/Alaskan Native elderly, and ended five years of inaction on the vital issues raised in a special Indian Concerns Session at the 1971 White House Conference on Aging.

During the 1976 conference, the 1500 participants identified the needs and concerns of the Indian elderly, and made recommendations for remedial action. In addition, communication between participating service provider agencies and the Indian Community was enhanced.

The most tangible result of the conference was the formation of a National Indian Task Force on Aging, charged with the responsibility of seeing that conference recommendations were carried out. This task force incorporated as the National Indian Council on Aging (NICOA), and has functioned since 1976 as the only national advocacy body working specifically for the Indian/Alaskan Native elderly.

NICOA sponsored the second National Indian Conference on Aging in August 1978. This conference, held in Billings, Montana, focused on health concerns of the Indian elderly. More than 2,000 people attended this conference, which offered information on health care and related services then available, and again provided a forum for identifying problems and developing recommendations for action.

Both of these conferences generated tremendous interest in the Indian community and among the agencies and organizations concerned with the Indian elderly. They produced tangible benefits such as the formation of a national advocacy body; substantiation of needs and concerns, which has been essential in supporting national policy recommendations; and the spearheading of direct-funding legislation which culminated in the passage of Title VI of the Older Americans Act. Moreover, the conferences have sensitized service providers to the special needs of the Indian elderly. And they have helped assure the elders that their concerns are not being ignored, and that their voices are being heard.

In light of the accomplishments of previous conferences, NICOA decided to sponsor a third National Indian Conference on Aging, to be held September 8-10, 1980, in Albuquerque, New Mexico.

The approaching White House Conference on Aging (WHCOA), scheduled for December 1981, increased the importance of holding another national Indian conference on aging. The White House Conferences on Aging, held once each decade since 1961, essentially form the basis for U.S. aging policy. Previous White House Conferences have resulted in major advances in the field of aging in the U.S., including Medicare and the national aging network. In spite of these accomplishments, however, past White House Conferences have failed to address the unique needs of minority elders. A special Indian Concerns Session was held at the 1971 White House Conference, but the recommendations developed at the session were included in the record and then ignored.

Consequently, it is of critical importance that Indian concerns be represented and considered at the 1981 White House Conference, in order that they be adequately and appropriately addressed within the framework of U.S. aging policy for the 1980's.

*Throughout this report, use of the term "Indian" includes reference to Alaskan Natives.

Recognizing the importance of including the special concerns of various subgroups of elderly, the staff of the 1981 White House Conference on Aging authorized a number of national organizations and universities to convene 26 "mini-White House Conferences on Aging." Each of these mini-conferences was to address a specific aspect of aging, or concerns of a special group within the elderly population. The mini-conferences were then to develop technical reports, including policy recommendations, to be distributed to all 2000 WHCOA delegates for study prior to the conference. The technical reports will also be addressed specifically during the conference, and will be included in the official conference proceedings.

In late 1979, the National Indian Council on Aging was designated to hold a mini-conference on the American Indian elderly. Thus, the Third National Indian Conference on Aging became an official avenue for Indian input to the 1981 White House Conference on Aging.

OBJECTIVES OF THE CONFERENCE

The objectives of the 1980 National Indian Conference on Aging, as originally developed, were similar to those of the previous two conferences:

1. To serve as a forum for Indian communities nationwide to identify needs and concerns of the Indian elderly, and to develop recommendations on these issues.
2. To promote a coordinated approach to the provision of effective and adequate delivery of services by combining input from the Indian community and service providers.
3. To increase sensitivity of non-Indian agency representatives to the Indian elderly.
4. To improve communication and cooperation between service providers and the Indian community, and to implement positive action leading to improved comprehensive services.
5. To promote dissemination of information on resources available to the Indian elderly.

When the conference was designated as a mini-White House Conference, these goals were retained, but clearly the overriding objective became the development of policy recommendations reflecting a consensus of the participants on the major issues facing Indian elders in the 1980's.

CONFERENCE FORMAT

The conference format was developed around the objective of formulating policy recommendations for the White House Conference on Aging.

Because this task required in-depth examination of issues, NICOA decided against using the format employed at its previous conference, where the agenda consisted of a series of relatively brief workshops which were repeated several times during the conference.

Instead, NICOA chose to establish 25 intensive four-hour workshops, each addressing a different topic, and each offered only once. The workshop topics were selected with an eye to the six major subjects which will be addressed at the 1981 White House Conference on Aging: economic security, physical and mental health, social well being, research, older Americans as a national resource, and creating an age-integrated society. The specific workshop topics were chosen to allow conference participants to examine in-depth various aspects of these six subjects.

Fifteen of the workshops focused on problems and issues currently confronting the elderly, while the other 10 focused on long-range projections and solutions for the coming decade. The 15 workshops focusing on current problems were held in a split session covering Wednesday afternoon and Thursday morning. The 10 future-oriented workshops began on Thursday afternoon and were continued on Friday morning. This "split session" format was chosen to give participants adequate time to discuss the issues, reflect on them overnight, and then return the following morning to develop recommendations.

Each workshop was headed by a panel of two to five people, who were asked to begin the session with an overview of existing legislation and programs affecting the topic at hand, and then to open the workshops to discussion. A strong effort was made to see that a variety of backgrounds and

Rev. Walter Moffett
(Portland Area)
Chairman, NICOA Board

Arlene Naquayouma
(Phoenix Area)
Secretary, NICOA Board

Lawrence Birdsbill
(Aberdeen Area)
NICOA Board of Directors

Sherman Lillard
(Central Area)
Treasurer, NICOA Board

Chauncina White Horse
(Minneapolis Area)
NICOA Board of Directors

Joseph Abeyta, Sr. (Albuquerque Area) and Jess Stevens (Phoenix Area)
NICOA General Council Members

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perspectives was represented on each panel, in the hope that this would stimulate and broaden discussion.

At the close of the conference, all participants gathered in a general plenary session to review the workshop recommendations, which were transformed into resolutions, and vote on their adoption as official Conference actions. Workshop proceedings were recorded and these proceedings, along with formal recommendations and resolutions became the basis of NICOA's technical report to the White House Conference on Aging.

CONFERENCE PARTICIPANTS

Approximately 1,165 people attended the 1980 National Indian Conference on Aging. Of these, slightly more than half (592) were Indian elders over 60 years of age. Other participants included service providers, aging program administrators, planners, policy makers, and researchers. More than 140 tribes were represented, as well as colleges, universities, and federal, state, tribal and local programs concerned with aging or Indian people.

CONFERENCE EVENTS

The three days of the conference were filled with activities. Below is a brief review of events.

WEDNESDAY, SEPTEMBER 8

Opening Session. The conference began with a general assembly of all participants. They were welcomed by the Rev. Walter Moffett, Chairman of the National Indian Council on Aging, and Roberto Mondragon, Lieutenant Governor of New Mexico.

Following these introductory speeches, the keynote address was delivered by Ron Wood, Director of the Navajo Division of Health Improvement Services. Mr. Wood spoke on behalf of Peter MacDonald, Navajo Tribal Chairman. He stressed both tribal and federal reponsibility to develop Indian aging programs that meet cultural needs and help maintain the Indian way of life.

Next on the agenda was Becky Washington of the White House Conference on Aging staff. She gave an overview of the purposes and events of the WHCOA, and explained how delegates to the 1981 conference will be selected. She stressed the importance of substantial Indian/Alaskan Native representation at the WHCOA, to ensure that Indian concerns are reflected in the final WHCOA recommendations.

Allan Jemison, chairman of NICOA's Conference Planning Committee, closed the morning session with an explanation of NICOA's conference format.

Noon Luncheon. Conference participants were invited to a catered luncheon featuring as speaker David Lester, Commissioner of the Administration on Aging. Commissioner Lester spoke of ANA's commitment to the Indian elderly, emphasizing the importance of the elders to the well-being of the Indian family and community. He said that aging programs must not only provide services, but must effectively enhance the active involvement of the elderly in the community. The future of the Indian community, he said, is not only in the hands of the youth but in the heart and soul of the elders.

First Set of Workshops. The first 15 workshops began in the afternoon. These workshops focused on current problems and issues facing the elderly. Participants were asked to limit attendance to only one of the 15 workshops.

Among the topics which drew the largest number of participants were in-home care, institutional care, nutrition, transportation, urban Indian elderly, the Indian Religious Freedom Act, and the Indian Child Welfare Act. Other workshop topics addressed at this time included pensions and income, education for Indian elders, elders' role in education of the youth, energy, the U.S. Census, biomedical research, and social research. The workshops opened with brief presentations by the panelists, who spoke on current programs and legislation. The workshops were then opened to discussion by participants. In most workshops, the afternoon session was largely devoted to identifying and discussing existing problems. The second half of the workshop, held the following morning, was generally spent in developing recommendations for action to alleviate the problems identified.

Evening Entertainment. After a break for dinner, everyone was invited to return for an Indian dress

Becky Washington of the White House Conference on Aging staff gives a television interview.

Novaline Shipp, Long Term Care Planner for the Absentee Shawnee, Sac-Fox and Iowa Tribes of Oklahoma, discusses nursing homes with a workshop participant.

Roberto Mondragon, Lieutenant Governor of New Mexico, addresses conference participants at luncheon.

Kenneth Tiger, Chairman of the Oklahoma Indian Council on Aging and Patricia Woods, NICOA Council Member (Muskogee Area) prepare resolutions to be presented at the plenary session.

Some of the participants at the 1980 conference.

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A workshop participant offers her views on education and the elderly.

Clyde Bellecourt of the American Indian Movement speaks on political activism and the elderly.

Transportation Workshop

David Rust, Minority Staff Director of the Senate Special Committee on Aging, and Fernando Torres-Gil, Special Assistant to the Secretary of Health and Human Services, discuss Title VI and the Administration on Aging.

Jackie Swanson, Seattle Indian Health Board; George Effman, Albuquerque Indian Center and NICOA Council Member; Randy Punley, National Urban Indian Council; and Gwen Minhaus, Denver Indian Center, consider the needs of the cities' Indian elderly.

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review. Many participants had brought traditional costumes with them to model in the review, and dress of numerous tribes from around the country was presented.

The evening ended with a performance of traditional songs from a variety of tribes, by Paul Ortega's music group.

THURSDAY, SEPTEMBER 9

In the morning, participants returned to the workshops they had attended the previous afternoon, and devoted the morning to developing recommendations.

Noon Luncheon. Dr. Arthur Flemming, Chairman of the U.S. Civil Rights Commission, addressed the participants who attended Thursday's catered luncheon. Dr. Flemming stressed that the civil rights legislation now on the books, including the Age Discrimination Act, has yet to be adequately implemented. For example, he questioned whether Title VI of the Older Americans Act, "Grants for Indian Tribes," is being implemented in a discriminatory way.

Second Set of Workshops. After the luncheon, the second set of workshops began. Whereas the previous workshops addressed immediate problems, the second set of workshops focused, like the White House Conference on Aging, on the coming decade. Participants were now asked to identify the most critical problems, issues, and concerns which they believe will confront the Indian elderly within the next 10 years. Recommendations developed in this session were to be long-range and, if necessary, preventive rather than remedial.

The 10 workshops in this set covered the topics of cultural change and preservation, youth and elderly, elders' role in tribal energy development, institutional care, non-institutional care, income and pensions, research and policy development, the future of the urban Indian elderly, political activism and the Indian elderly, and Title VI of the Older Americans Act. Again, participants were asked to limit attendance to only one of these workshops.

The format of the first workshops was repeated in this session. Workshops opened with brief presentations by panelists, followed by audience discussion. The workshop participants reconvened in the morning to complete the development of recommendations. As in the first workshop sessions, discussions were often intense, and participants in many workshops carried on their discussions well past "closing time."

Evening Entertainment. Overton James, Chief of the Chickasaw Nation, was the featured speaker at the evening banquet. Mr. James spoke of the tribal generation gap and its effects on the Indian elders. He urged that the young be taught to understand the old ways and traditional values -- including the importance of the elders as an integral part of the family.

After the banquet a large crowd gathered for the pow-wow, the biggest social event of the conference. At the pow-wow, an 87-year-old woman was honored as the oldest conference participant with the gift of a Pendleton blanket.

FRIDAY, SEPTEMBER 10

In the morning, participants returned to their workshops of the previous afternoon, and spent the first two hours of the morning developing recommendations.

Minorities Panel. The morning concluded with a "minorities panel" which was designed to give participants insight into the problems faced by other minority elders. Representatives of the national organizations for Hispanic, Black, and Pacific-Asian elderly were invited to speak on this panel. Louise Kamikawa of the National Pacific Asian Resource Center on Aging, and Andrew Bradley of the National Center and Caucus on the Black Aged, discussed their perspectives on the issues facing minority elderly in the United States.

Ms. Kamikawa noted that the Pacific-Asian minority includes 18 different cultural groups, but government agencies fail to recognize this diversity in much the same way that all Indian tribes are often lumped together. Like many Indian elders, many Pacific-Asian elderly also face cultural and language barriers in obtaining needed services. Finally, Ms. Kamikawa discussed the special problems of Japanese Americans, many of whom, although American citizens, were held in U.S. detention camps during World War II.

Mr. Bradley said the needs of the elderly are among the greatest concerns of the Black community. He noted that progress for Black elderly to date has been slow and difficult to achieve. Problems experienced by both Black and Indian

elderly include rural isolation and disproportionate difficulties in obtaining needed services.

Plenary Session. After a lunch break, participants gathered together for the final conference event, the plenary session. At this session workshop recommendations were presented in the form of resolutions, to be acted upon by the entire conference body. Also presented were a number of resolutions developed earlier by individual tribes for endorsement at the conference.*

Closing Speech. Alfred Elgin, executive director of NICOA brought the Third National Indian Conference on Aging to a close.

*Due to the unexpectedly large number of resolutions, some could not be addressed at the plenary session in the time available. These were passed by a later meeting of the NICOA Executive Committee. All resolutions are included in the appendix of this report.

CONFERENCE AGENDA

September 8		
9:00- 9:30	Welcome to the NICOA Conference	Rev. Walter Moffett Chairman, NICOA
9:30-10:00	Welcome from the Governor's Office	Roberto Mondragon Lieutenant Governor of New Mexico
10:00-11:00	Keynote Address	Ron D. Wood, Director Navajo Division of Health Improvement Services (representing Peter MacDonald, Navajo Tribal Chairman)
11:00-11:25	Overview of the White House Conference on Aging	Becky Washington Staff, White House Conference on Aging
11:25-11:50	Overview of National Indian Conference on Aging	Allan Jemison, Chairman NICOA Conference Planning Committee
12:00- 1:30	Luncheon Address	David Lester, Commissioner Administration for Native Americans
1:30- 3:00	BREAK	
3:00- 5:00	First Series of Workshops Begins	
September 9		
8:30-12:00	First Series of Workshops Continued	
12.00- 1:30	Luncheon Address	Dr. Arthur Flemming Commissioner, U.S. Civil Rights
1:30- 5:00	Second Series of Workshops Begins	
5:00- 6:30	BREAK	
6:30- 8:30	Banquet Speech	Overton James Chief, Chickasaw Nation
9:00	Pow-Wow	
September 10		
9:00-11:00	Second Set of Workshops Continued	
11:00-12:00	Minorities Panel	Louise Kamikawa Pacific-Asian Resource Center on Aging

		Andrew Bradley National Caucus on the Black Aged
		Carmela Lacayo Asociacion Nacional Pro Personas Mayores (unable to attend)
12:00- 1:30	LUNCH BREAK	
1:30- 4:45	Plenary Session	Allan Jemison, Chairman Conference on Planning Committee
4:45- 5:00	Closing Speech	Alfred G. Elgin, Jr. Executive Director, NICOA

WORKSHOP PROCEEDINGS

INTRODUCTION

The workshop discussions and recommendations are summarized under the six major subject areas identified by the White House Conference on Aging: Economic Security, Physical and Mental Health, Social Well-Being, Older Americans as a National Resource, Creating an Age-Integrated Society, and Research.

The proceedings of the workshops have been combined under these categories so that the major themes of the discussions could be emphasized more clearly, and to show how the workshop discussions will relate to the topics of particular interest to the White House Conference on Aging.

ECONOMIC SECURITY

The two workshops related to this category were:

Income and Pensions: What's in it for Indians?

Income and Pensions: A Look to the Future.

The workshops were designed to give participants the opportunity to define the economic and employment issues that are currently being encountered, as well as to examine the issues that are likely to arise during the next decade, taking into consideration current demographic trends in the Indian and non-Indian populations.

BACKGROUND

Nationally, there is currently a trend toward the view that older people are receiving more than their fair share of the American pie. In recent years, federal officials have begun to use the Social Security program as an example of this imbalance by stating that 25% of the federal budget is "earmarked" for the elderly. In fact, Social Security is not a function of the federal budget at all, because it does not require a congressional appropriation. In addition, there have been study groups established to review the soundness of the Social Security program. The review of the "soundness" of the Social Security program has been brought about by the realization that the total American population is growing older, and the number of older people is rapidly increasing. Currently, approximately 14% of the nation's population is 60 years of age and over. It is estimated that by the year 2000, 25% of the nation's population will be 60 and over. This change in demography has brought concern to the federal government and Congress that the Social Security program will become insolvent because the amount paid out in benefits will exceed the revenue coming into the program.

As for economic status of the Indian elderly, it is even less "secure" than for most older Americans. In 1970, the median income level for elderly Indian men was $1,554 — significantly below the poverty level. For women, the figure was even lower — $1,162. The 1980 Census data is not expected to change this picture significantly.

What if the elderly would like to work? Unemployment rates among the Indian community indicate that Indian people have difficulty finding jobs and therefore wages. In 1970, the median per capita income level for Indians on reservations was approximately $1,500 per year. Unemployment on reservations averages 37%. (On some reservations, that rate goes as high as 95%!) Indications are that Indian elders fare even worse than younger Indians do in the job market.

In addition, few of today's Indian elderly were employed in their youth, most having been involved in traditional subsistence economies and lacking education and access to the job market. Those who were employed usually worked at jobs which were not documented for Social Security purposes. Even rarer is the Indian elder today who is lucky enough to be receiving a pension!

According to the 1970 Census, over 50% of the nation's Indian elderly had incomes below the poverty level, yet they receive far less than they are proportionately entitled to from the various income entitlement programs. For example, the 1970 Census showed that only 45% of Indians over 60 received Social Security benefits — a lower rate than among the Anglo, Black, or Hispanic elderly. Another factor contributing to the low Indian participation in these programs could be the lower life expectancy of Indian people compared to their non-Indian cohorts. In 1970, an Indian's life expectancy was approximately 60 years. By 1980, the estimate increased to 65 years, but, in comparison, the non-Indian life expectancy in 1980 climbed to 73.3. This means that the average Indian person barely lives long enough to reach the age of eligibility for most entitlement programs. Those who do are not likely to collect benefits for as many years as their non-Indian counterparts.

The workshop participants identified several other factors that keep Indian elders from receiving the income supports they are entitled to under existing programs. For example, as a result of the

complexity of rules and regulations governing Federal entitlement programs such as Social Security or Veterans Administration programs, many Indian elderly never apply for benefits, or fail to complete the application process. Some of the regulations create real hardships for Indian elders — for example, tribal dividends must be counted as income when SSI eligibility is determined. In addition, the Social Security program requires documentation of quarters worked, of marriage, and of age — all of which serve as barriers to utilization of the programs, since this kind of documentation doesn't exist for many of today's Indian elders!

Another problem identified by the participants as affecting all programs is the lack of outreach and programmatic information being made available to the Indian community. This is compounded by the under-representation (usually absence) of Indians as staff members of these various agencies. An additional administrative barrier is the length of the various forms that must be filled out just to apply.

In short, the participants felt strongly that the process of enrolling in entitlement programs is much too complicated and lengthy, and there is rarely sufficient assistance for the Indian elder to negotiate the "system."

In the area of employment, the fact that current laws prohibit earning excess money through gainful employment perpetuates the poverty cycle by discouraging elderly Indians from working. All too often, they feel, increases in the benefits from one Federal program result in decreased benefits from another.

Finally, a characteristic of the Indian community in the past has been the willingness of the extended family to respond to the needs of their elderly relatives. However, this family support system is in serious jeopardy now as more and more younger members go to urban areas to find employment, leaving the elders at home to fend for themselves. The participants feel it is necessary that this not continue, and that appropriate action must be taken to reverse this migration of the youth.

It should be made clear that the participants were not asking for extravagant assistance, but only for adjustments in the existing system to make it possible for Indian elders to receive the benefits they are entitled to along with all other American senior citizens. They ask for additional assistance only if necessary to obtain adequate food, fuel, housing and medical care — the basics of life which many cannot afford today.

During the 1971 White House Conference on Aging, the Special Concerns Session on the Indian elderly identified a variety of concerns relating to income security with the goal that "the elderly Indian citizen should have an income which would permit him to live the rest of his life in health, decency, and dignity." This goal is as valid now as it was a decade ago.

WORKSHOP RECOMMENDATIONS

As a result of the discussions that occurred in the workshops, a number of recommendations emerged in addition to the formal resolutions that were presented and adopted in the general assembly of the conference. The recommendations are listed below, and resolutions are presented in the Appendix.

1. IHS and other medical facilities should provide medicine prescribed by physicians to all elderly patients because of the limited income of most elderly.
2. Elderly entering institutional care should be allowed to exempt their assets and their income where eligibility for services is being considered. As it is, elderly with any assets or savings are discriminated against and restricted in allowable services.
3. On reservations where many elderly don't speak English, bilingual Social Security Administration personnel should be required.
4. Age 55 should become the normal retirement age for determining Social Security and pension eligibility.
5. There should be coordination of state and Federal assistance programs so that an increase or liberalization in a Federal program does not result in a loss of benefits under a state program.
6. Incentives should be developed to encourage families to care for their elderly. For example, when a family takes in an elderly member, the person's benefits should not be decreased.
7. NICOA should include in this conference report a directory of all members of Congress who sit on committees having jurisdiction

over aging programs and Indian Affairs.

8. A guaranteed minimum dollar level of income for all retirees based on cost of living should be established.
9. Social Security should be financed by general revenues.
10. Ancillary services such as AFDC, disability coverage, etc., should be expanded.
11. Social Security earnings and resources tests should be abolished for people over 65, except for dividend income.
12. The six months waiting period between filing for Social Security and receipt of benefits should be abolished.
13. The savings of the Indian elderly should be exempt from determination of eligibility, and further, burial benefits should be increased from either the Social Security Administration or from tribal funds.
14. Earnings limitation for Social Security should be eliminated.
15. The income and resource limits for Supplemental Security Income, food stamps, and other income-tested programs should be increased insofar as possible.
16. Application forms for federal benefits programs should be shortened and simplified.
17. Special programs should be established to assure elderly Native American Indians an adequate level of income and to preserve that income against inflation.
18. The allowable resource level under the Federal Supplemental Security Income program (SSI) should be increased from $1500 to $2500.
19. A separate eligibility criteria should be established for elderly that does not consider lease income received yearly and/or savings as income.
20. There needs to be a hiring preference established with CETA to hire elders.
21. Title V employment services need to be increased to reach the tribal level. The Title V services should be direct funded to Indian tribes.
22. Jobs should be provided for those who are able and want to work. "They should not be denied because they're over 65; some are old at thirty, others young at 70."

SUMMARY

In general, the recommendations and resolutions submitted to the NICOA mini-conference on the issue of income and employment are not new. In fact, some were presented to the 1971 White House Conference on Aging a decade ago. A serious concern expressed by those attending the workshops was the level of impact their input will have on this entire process. This is a legitimate concern in light of the resurfacing and cyclical nature of their recommendations from the past.

Too many older people and specifically, elderly Indians, have gone for too long without. Inflation has demolished what they're receiving, rules and regulations impede and perpetuate their dependence. It is the hope of those who made these recommendations, that their concerns and issues are seriously considered.

PHYSICAL AND MENTAL HEALTH

The workshops in this category were:

Institutional Care and the Elderly: Where is it?

Provision of In-Home Services to the Elderly

Nutrition and the Elderly

Institutional Care for Tomorrow's Indian Elderly

Future Non-Institutional Care: A Comprehensive Approach?

Together, these workshops provided an opportunity to define current institutional and non-institutional health needs of the Indian elderly, and recommend actions that will result in the alleviation of these needs. In addition, the format was designed to outline future institutional and non-institutional health needs of the Indian community over the next decade, taking into consideration current demographic trends.

BACKGROUND

Health Status. Health has surfaced on many occasions as an important issue affecting the lives of the nation's older Indians. An indication of the poor health encountered by Indians is their lower life expectancy, which is approximately 10 years behind the rest of the population (65 years vs. 73 years in 1980). A number of diseases, such as tuberculosis and diabetes, are much more prevalent among Indian elders than among the non-Indian elderly. A recent national study conducted by NICOA found that the rate of tuberculosis is five times higher among the Indian elderly than among the non-Indian elderly. There is also an exceptionally high rate of adult-onset diabetes. On one reservation, 40% of all adults have diabetes.

Obesity, although not a disease, is a health problem that increases the severity of certain diseases and has been identified as a catalyst of other health problems, such as heart disease and diabetes.

Another health problem which affects the Indian elderly is alcoholism — although very few Indian elders are alcoholics. (In a study done by the Association of American Indian Physicians in 1978, only 4.8% of Indians treated for alcoholism were sixty years or over.) But the problem of alcoholism among middle-aged and younger generations is contributing to the abuse of older Indians. While physical abuse is relatively uncommon, it is not unusual to hear of grandchildren or adult children asking for or taking what little resources are available to the elderly in order to purchase liquor. Many times this leaves the elder without the resources to purchase required staples. It should be noted that most Indian cultures stress sharing and giving as very desirable qualities, so the elders often feel compelled to share their resources if requested. On the one hand it is good to give, but on the other, it is not good to starve!

A variety of recent studies has shown that if minority elders live to age 60, chances are they will outlive their non-Indian counterparts — and will survive in better condition. This generalization seems to be true of the Indian elderly as well. For example, a study by the Association of American Indian Physicians in 1978 found that of the total number of outpatient visits made by Indians over age 45, 65% were made by those between 45 and 64. The rate decreases for those aged 64 to 74, then picks up again after age 75. This may imply that those who manage to survive past age 65 are actually healthier, as a group, than the "young old."

In the area of mental health, elderly Indians, if they have any mental problem, are likely to suffer from some type of neurosis, such as anxiety or depression. As it is with the non-Indian elderly, the total number receiving mental health services in proportion to their population is low. However, in a study conducted by NICOA using the Duke University OARS instrument, the Indian elderly rated significantly worse in mental health

than the non-Indian elderly. Further research is needed to determine whether this reflects the true picture, or is simply the result of using a questionnaire that is not sensitive enough to Indian culture.

Health Care. The Indian Health Service (IHS) provides comprehensive health services to Indians living on or adjacent to Federal Indian reservations or Alaskan Native villages.

It's a common misconception that all Indians receive free health care from IHS. But nearly all urban Indians — about half the total population — are not served by IHS. Consequently, very few elderly Indians in the city seek out health care, either because the cost of modern urban health care is too high or because the surroundings are too foreign. Preventive care and dental teatment are rarely sought. Most elderly urban Indians receive emergency medical care or none at all. When urban Indians do seek out health services, it is not uncommon for them to be refused service from public agencies because of the misconception that IHS and BIA will take care of them.

For the rural and reservation elders who are served by IHS, other problems arise in spite of IHS's significant efforts and contributions. Lack of transportation was mentioned frequently in the workshops as one of the most serious barriers to health care for reservation elders.

There are currently six nursing homes on Indian reservations. This means that only 3% of the 200 Indian reservations and rancherias in the U.S. have nursing homes on their land. Most of the six reservation nursing homes currently are understaffed, over-crowded, and financially insecure. If Shannas and Tobin's study of 1975 can be used as a guide, about 4,150 older Indians are in long term care institutions currently. Obviously, the great majority of these are in off-reservation nursing homes. The removal of these reservation elders far from their families, their native languages, foods, and customs is often a severe shock, leading to withdrawal and depression, even death. Obviously, the need for nursing homes is a problem that cannot be overlooked.

Workshop participants were also concerned with the need to prevent premature institutionalization by providing in-home and supportive services such as nutrition, transportation, homemaker, home health, employment programs, and so on. Participants felt that such programs are and will continue to be vital components in the total "continuum of care." However, the development of this concept cannot begin until the various governmental agencies such as the Administration on Aging, the Bureau of Indian Affairs, the Indian Health Service, the Administration for Native Americans, and the Health Care Financing Administration begin to coordinate their efforts.

RECOMMENDATIONS

The workshops dealing with health issues were very well-attended, and produced a large number of recommendations and resolutions. The recommendations are listed below. Resolutions are presented in the Appendix.

1. The closing of Indian Health Service hospitals in several areas means alternative funds are needed to keep them open.
2. Attention needs to be given to the problem of medical equipment, such as wheel chairs, walkers, hospital beds, glasses, prostheses, etc., for which there is never enough funding or thought given to replacement problems.
3. More senior Indian centers need to be established where elderly can meet, have meals, games, activities, and companionship.
4. Title III programs need more volunteers.
5. The younger generation of Indian needs to become more concerned about services for the elderly. They were cared for often by grandparents, and now it's their turn to take responsibility.
6. More funds need to be made available for home health demonstration grants to allow tribes to establish these vital programs.
7. In-home services need to be increased. Again, more funds need to be made available to tribes for these services.
8. More homemakers should be provided for under Title VI of the Older Americans Act.
9. Members of the Navajo tribe often live apart from each other and from services. They need better health services in the homes.
10. The age limit for in-home and other related services needs to be lowered in order to serve more of the needy elderly.
11. There needs to be more coordination be-

tween the agencies working in the home health care field and related services.

12. Transportation funds and services need to be increased to allow for greater service delivery — outreach, CHR, home health.
13. In some areas (notably the Navajo area) interpreters are needed in conjunction with transportation services when monolingual elderly have errands, appointments, etc. during which they have to interact with others who don't know their language.
14. Interpreters should be hired to work with elders as out-reach workers or Information and Referral Technicians. Funding should be made available for this.
15. Every community needs an information and referral service for health services for the chronically ill. Planning, training and research for the community could come from this central source.
16. Better basic information on all titles and programs should be provided so that everyone can understand how and why the services are provided.
17. A system to develop more program awareness needs to be devised: how to get benefits; where to get benefits; what program titles are available to the elderly, etc.
18. Workshops for tribal elders on the use of Medicaid and Medicare should be provided; better use of these services could thus be accomplished.
19. Assistance needs to be provided to the elderly in applying for SSI, food stamps, etc.
20. Food stamp regulations should be made more flexible. Direct funding to reservation programs should be made available.
21. More emphasis needs to be placed on training elders to advocate at the local, state and national levels for their own programs.
22. Individuals performing services for the elderly need to educate themselves better in performing their role.
23. Tribal program administrators need training to make them aware of the tribal elderly who will come under their programs, and also of what funds and programs are available.
24. More training funds need to be allocated to train people to work with Indian elderly. A greater emphasis should be placed on seeking middle-aged and elders to work in aging programs.
25. Middle-aged people ideally should be the ones trained to work with the elderly.
26. In general, more funds are needed for work with the elderly, and more people need to be trained for this work.
27. The Federal government needs to be educated that even though some of the tribes have small population counts that the need for vital services is still great. There should not be a minimum population required for eligibility for grants.
28. More funds need to be allocated, over-all for Indian aging programs.
29. Tribes should be able to determine their own needs and service delivery concepts — i.e., direct funding. Title VI programs should be written so as to be more understandable to Indians and less bureaucratically phrased.
30. More tribes should apply for and utilize Title VI, direct funding. The Federal government needs to allocate more funds for various direct funding programs.
31. There needs to be increased coordination at the state (county) and Federal levels with tribal aging programs.
32. Plans need to be developed to deal with the BIA to make it more supportive of elderly needs.
33. A special aging desk should be established in Washington where Indians can be heard, complaints dealt with, and problems solved. "We have been shelved long enough!"

SUMMARY

Health status of the Indian elderly, as indicated by life expectancy and disease rates, is significantly below that of the general U.S. population. Recommendations were made to improve health care, although few of these dealt with the need for improved long term care for older Indians. This may reflect the concern of participants for their current rather than future needs.

SOCIAL WELL-BEING

Five workshops were related to the topic of social well-being:

Transportation Services - Basics

Energy and the Elderly Indian

The Cities' Elderly Indian

The Future of the Cities' Elderly Indian

The Administration on Aging and Title VI: Where to Now?

BACKGROUND

Although a number of very different Indian cultures exist in the U.S. today, traditionally all tribes respected and valued the elder for his wisdom and experience, and honored the elder as the repository of tribal culture and history. The elder was the key to ensuring preservation of tribal culture for another generation. In addition, the family has always been valued highly in Indian cultures. The elders helped to teach and care for younger generations, and were in turn respected and cared for by the extended family.

Today, with the impact of modern society, these cultural norms are changing. The elders' traditional knowledge and wisdom is often less respected than before, as other kinds of knowledge appear more vital to many younger people. In addition, the extended family is often no longer intact as family members go to the cities for education or jobs, leaving the elders without the family support systems they could have relied on in the past. Elders in urban areas (approximately 48% of all Indian elders) tend to find themselves without traditional supports as the circle of available family members is reduced, and family members are away from the home for jobs or school, or are debilitated by alcoholism.

Nevertheless, for most Indian elders the family is still the primary source of services and support. Studies show that although proportionately more Indian elders call upon the social services network at some time than the general population does, the elders' use of these formal systems is more sporadic and infrequent. Workshop participants agreed that development of services that enhance the existing tendency toward family care (e.g. in-home services, respite care, reimbursement of family members for care of the elderly) would be welcomed by the Indian community as a means of strengthening traditional values and seeing that elders are provided with the kind of care they prefer.

In addition to the natural support network provided in varying degrees by family and kin, most elders have available some aspects of a formal support network. If services exist on reservations, they may be provided by the tribe, county, state, or Federal governments. The tribal government and its level of self-determination can have an important effect on the well-being of reservation elderly. On reservations where the tribal government has taken the needs of the elderly to heart, their lives have been greatly improved.

In urban areas, elders cannot take advantage of tribal services or, usually, of Indian Health Service programs. Although nearly every urban area has services for the elderly, almost no Indian elders participated in these programs. One reason is that urban services are almost never geared toward Indian elderly, who prefer to go to organizations established by and for Indian people. Other barriers to service include lack of skill in speaking, reading, or writing English; misinformed service providers who try to send the elderly back to the reservation for services they are entitled to in the city; transportation problems; and lack of outreach to Indian elderly. "Invisibility" of Indian elders in the city is also a problem. The National Urban Indian Council estimates that although nearly half the elderly Indian population live in cities, they comprise no more than 1-5% of the total population in any major city, and only 0.4% of the entire U.S. population.

Participants agreed that housing and transportation are two of the most serious problems facing Indian elders, whether urban or rural. Overall, Indian housing is of poorer quality and

is more crowded than dwellings of the general population. A national needs assessment of the Indian elderly, completed by NICOA in 1980, showed that the housing stock of Indian elders is old or dilapidated, with 26% of the housing constructed prior to 1939. Twenty-five percent of the elders surveyed reported bedrooms occupied by three or more persons, and this indication of overcrowded conditions is supported by U.S. Census data showing three times as many Indian residences housing seven or more persons as in the general population. In 1979-1980, the elderly reported service outages of heat, water, and toilet systems at rates of 20%, 24% and 15% respectively; 44% of all Alaskan respondents reported they suffered a heat outage during the preceding winter. The 1970 Census showed that 26.3% of Indian housing units had no plumbing, compared to 5.5% in the general population. Only 50% of rural Indian homes had complete bathrooms in 1970, and a third lacked piped water. Since the elderly tend to live in the most traditional homes, they likely account for a large percentage of this housing. In addition, the sanitation problems caused by lack of running water and plumbing facilities contribute to the high rates of diseases such as tuberculosis among the Indian population. Large numbers of Indian dwellings, especially on reservations, also lack electricity and telephone service.

Transportation is another severe problem for Indian elderly, urban and rural. It is one of the services most frequently requested by Indian elders and is probably the top priority for all Indian aging programs, since most Indian elders are not in a position to own or drive an automobile. Urban elders, especially those who are illiterate or not proficient in English, often find available public transportation frightening and difficult to comprehend. Urban service providers report that extremely few Indian elders make use of existing public transportation, causing many urban elders to remain confined to their homes or immediate neighborhoods, isolated from the company and assistance of others outside their immediate family, and from needed medical and social services.

The transportation problem is compounded on reservations by severe climate, and by remoteness from health and social services, shopping facilities, medical care and even telephone service. Road conditions on most reservations are very poor.

Many reservations roads are unpaved, and consequently impassable during winter weather or heavy rains. On all but the main highways on the Navajo Reservation, for example, the snow and mud limit transportation for six months out of the year. In today's society, with traditional means of subsistence dwindling and the migration of youth to urban areas, the elders left on remote areas of the reservation find it extremely difficult to obtain even the essentials of life, such as food, clothing, wood and water.

Sky-rocketing energy costs have deepened both housing and transportation concerns within the past few years. Weatherization of homes, fuel assistance, and increased funding for reservation transportation services are sorely needed.

In addition, Federal matching requirements for housing and transportation programs, and requirements that land be used as collateral for housing programs (land in Federal trust status, such as reservation lands, cannot be used as collateral) effectively bar Indian tribes from participating in desperately-needed programs.

At least some services are available for elders on most reservations, often including Older Americans Act nutrition programs, Indian Health Service programs, and possibly HUD programs. Despite the existence of these services on most reservations, however, a national needs assessment conducted by NICOA indicates that the extent to which needs are met is inadequate. Workshop participants cited a number of factors for this inadequacy, including transportation problems, lack of service coordination, lack of outreach, and failure of state and federal programs to respond to Indian cultural norms.

Title VI of the Older Americans Act was passed in 1978 to respond to some of these concerns. This legislation gives tribes the option of receiving funding for aging programs directly from the Federal government, bypassing the state. It was developed to enhance tribal sovereignty (the autonomy of tribal governments) and to give tribes an opportunity to develop aging programs that are better adapted to the culture and needs of their own reservation. The first Title VI programs were funded in October 1980.

Although the principle of direct funding has been welcomed by Indian people, Title VI currently contains a number of restrictions that workshop participants found troubling. For example,

only Federally-recognized tribes are eligible (which excludes urban programs and state-recognized tribes), a tribe or consortium of tribes must have at least 75 elders in order to qualify for funding; only those over 60 (or their spouses) are eligible for Title VI services; and Title VI grantees are required to ensure that certain services are being provided for their elders, thereby restricting tribes' ability to focus on the particular services most needed by the elders on their reservation.

RECOMMENDATIONS

Workshop recommendations are listed below. Formal resolutions may be found in the Appendix.

1. Federal programs serving Indians should be family-oriented, as the basis of Indian culture is the extended family.
2. Increased transportation services are needed for the elderly and for delivering meals to shut-ins.
3. The Department of Transportation should provide funds to purchase vehicles for adequate transportation of the elderly to meeting and feeding sites, and to necessary appointments. Such funding should be adequate for maintaining the vehicles and buying fuel. NICOA should play the lead in obtaining transportation services for the elderly.
4. The Department of Transportation should increase its funding levels for programs that serve the Indian elderly and handicapped, and should make these monies available to tribes and Indian organizations through direct funding.
5. Indian tribes should be exempt from the matching requirements for Department of Transportation funds.
6. AoA should amend the transportation provision, eliminating the requirement for matching funds in order to receive assistance.
7. Specialized housing for the elderly is needed which meets their physical as well as cultural needs. Better services and funding allocations are needed in this regard.
8. HUD regulations should be flexible to allow tribes to build housing suitable to their environment and elderly preferences. And sufficient funds be given to build this housing even if it exceeds national costs. Minimum property standards as they affect electricity, plumbing, and water be waived to construct scattered site housing for elderly, if these expenses will prevent the construction of a home for an elderly person.
9. Nutrition programs for the elderly should be ongoing, and the need for reliable nutrition programs be recognized by the state and Federal agencies.
10. Legal services for the elderly are needed to deal with such areas as income protection, land resources, taxes and consumer fraud.
11. The position of Health Care Ombudsman for the Indian elderly should be established. This person would assist Indian aging programs in dealing with Medicare, home care services, nursing homes, etc.
12. NICOA should serve as a national contractor for employment services for elders (through CETA, Green Thumb, ACTION, etc.).
13. The age limitation for service delivery should be lowered to 45, and additional funds should be allocated to serve this increased population.
14. Research is needed on the Indian elderly in the following areas: nutrition; institutions; personnel at rest homes; physical and mental health.
15. Increased appropriations for urban Indian elderly programs are needed in the following areas: transportation, housing and rental subsidies, in-home services, emergency medical care outside IHS areas, medical supplies, equipment and after-care funds, assistance for the handicapped, assistance with high utility rates, social activities, employment for the elderly, personnel for Indian elderly programs, and more expanded urban Indian centers.
16. A strong out-reach component should be developed in order to identify and record the barriers to services. (The Older Americans Act provides for this, but it is seldom adhered to.)
17. More urban Indian centers should be estab-

lished, both to meet present needs and needs of future urban Indian populations, which are increasing. Many cities have nowhere for Indians to go to voice problems.

18. AoA, BIA, IHS, and ANA (Administration for Native Americans) should become more active advocating services for the urban Indian elderly.
19. Urban Indians need assistance in learning how to protect and enforce their civil rights.
20. The BIA should begin to provide off-reservation Indians equal education opportunities with reservation people.
21. NICOA, as a recognized advocate and spokesman for Indian and Alaskan native elders, knowing that at least one-half of the native population resides off-reservation, should sponsor one urban slot from each NICOA region to participate in the 1981 White House Conference on Aging so that urban Indians may voice their concerns, ideas, and problems as Indian people living in urban areas.
22. NICOA should coordinate efforts on behalf of urban Indians with the National Urban Indian Council, National Congress of American Indians, National Tribal Chairmen's Association, and others in the national Indian communications network, to better transmit information concerning American Indians and Alaskan native elders, particularly urban elders.
23. NICOA should work with the above-mentioned groups (#22) to determine the needs of the American Indian and Alaskan Native elderly in the cities, and in the development of appropriate policy and legislative action.
24. Funding decisions made on the Area Agency level should be made by a non-partisan group aware of the problems of all elderly; such groups should have fair minority representation.
25. The Administration on Aging must assume the lead role in the coordination of services and funding efforts between the BIA and IHS to insure quality services to the Indian elderly.
26. The Federal government should recognize tribes as political entities, as they do the states. In this way tribes could provide services to their tribal members living off the reservation through contractual agreements.
27. The Older Americans Act should be amended specifically to include the responsibilities of the BIA, Department of Interior, IHS, and the Department of Health and Human Services.
28. Appropriations for Title VI should be increased at least by $25,000,000 to address the identified unmet needs. An allocation formula should be included in the regulations, which is based on population, need, and rural/urban factors.
29. The "red tape" on Title VI needs to be cut down.
30. The head count for Title VI services should be eliminated as this will wipe out funding for many small tribes with real needs. A base allocation should be given to each tribe, and an additional per capita amount be granted on top of the fixed base amount.
31. States should provide "umbrella" services for Indian minorities so that small groups can qualify for Federal services to the elderly or, alternately, federal funding to states should not have regulations about the size of the groups to be served.
32. The Administration on Aging should insure continued flexibility in meeting locally determined needs without expanding resources in areas where services are not needed.
33. Title VI of the Older Americans Act should be amended to include services to tribal members living off the reservation through contractual agreements.
34. Title VI of the Older Americans Act should be amended to include rural/urban Indians for direct funding.
35. Title VI should be expanded to include a broader range of services, including planning/mobilization funds, and funds for demonstration/advocacy programs and model projects which would demonstrate methods to expand or improve social, nutritional and other services for all elderly Indian programs, including urban.
36. AoA funds for the Indian elderly should be transferred to ANA, which would be able to provide direct funding to rural/urban Indians not now eligible for Title VI.

37. Legislation providing goods and services to Native Americans should include rural/urban groups.

38. More emphasis needs to be placed on providing services for non-reservation rural Indian elders.

39. The rules of selection at the 1981 White House Conference on Aging will again mean a very small Indian delegation. These rules need to be ignored in the best interests of self-determination. NICOA should facilitate the selection of 100 Indian delegates to the WHCOA. This group should consist of reservation, urban, and rural off-reservation Indians, and should be recognized as the official carrier of Indian concerns.

SUMMARY

The social well-being of Indian elderly has been affected by the loss of traditional lifestyles and values, the breakdown of the extended family, and the imposition of non-Indian culture in the form of legislation and regulations that require compliance with Anglo value systems in order to receive desperately-needed funding. Housing and transportation are major concerns for both urban and reservation elderly, and it is clear that greater consideration must be given to the well-being of the Indian elderly residing in urban areas.

There is tremendous interest in direct-funding legislation such as Title VI to allow Indian tribes and organizations to develop their own solutions to these problems.

OLDER AMERICANS AS A NATIONAL RESOURCE

Five workshops relate to this topic:

The Indian Religious Freedom Act

Education of the Indian Elderly

American Indian Culture: The Next Decade

Tribal Energy Development: The Tribal Elders' Role

Political Activism, the Elderly, and the Future

The key word that brings all of the above workshops together is Culture. Basic to Indian culture is religion, practiced in many ways and safeguarded by the Indian Religious Freedom Act. Two programmatic topics emerge: one, education and the Indian elderly, which is the only way culture can be taught effectively; and two, tribal energy development, which relates to the stewardship of the land. Political activism deals with the process of self-expression.

BACKGROUND

The wealth of the Indian community lies in the value placed upon intangibles, such as culture, the preservation of family structures, and tribal beliefs.

To the vast population of America, numbering 262 million people with an elderly population of 23 million, the Indian community by comparison is microscopic, numbering just over one million with an elderly population of 83,000. As a national resource, this minute population would not affect a statistical variance. To the Indian community, however, without this valued resource, the culture will die, the language will cease to be spoken, and beliefs will no longer be practiced.

Consequently, one of the greatest concerns of the elderly is the preservation and revitalization of their cultures: "We have to have roots in order to grow." It is in this area that they feel their most important contributions can be made.

Many elders feel that Indian culture is being lost. Such characteristics as respect, discipline, religious practice, knowledge of the tribal language, and the use of tribal ceremonies are on the decline.

Basic to the preservation, the teaching, the authenticity of culture is the need to identify just where culture begins. It is not something you receive at birth, nor is it inherent in the blood; it has to be taught, and it has to be practiced. It cannot be found in modern day text books as some would suppose. But the Indian elder has this knowledge through years of practice and tribal tradition. Much discussion centered on ways to enhance the ability of Indian elders to pass on their heritage to younger generations. Recommendations emphasized the need to strengthen the traditional extended family in order to amplify the role of the grandparents in teaching their grandchildren the language, tribal customs, and religion. Participants stressed the mutual responsibility of elders and youth to ensure that the culture is carried on.

Participants also felt that if the elders are to fully exercise their role as a resource for their people, the area of education is critical. The elders stressed the need to modify hiring practices in educational programs such as Johnson O'Malley and Title IV-A of the Indian Education Act to encourage the use of tribal elders as bilingual-bicultural teachers. The elders also noted the problem of defining bilingual education so that it fits the needs of the community language group in relation to the majority culture.

In addition to education of the youth, education for the elderly must be available to assist them in leading a full and satisfying life, and to better equip them to contribute to their families and communities.

A special aspect of adult education is the need to give elders the tools to carry out political advocacy to achieve the reforms they believe are needed for their own well-being and the well-being of the Indian community.

In regard to education, whether for youth or elders, workshop participants noted a number of questions that must be answered during the

planning process, for example: who sets priorities in education; what priorities should be set; what does the adult community want; and what roles should states and counties play in providing needed educational services?

In sum, the elders felt their greatest value as a resource for others was to actively ensure the preservation and revitalization of Indian culture.

But basic to preserving culture is the freedom to practice one's beliefs and traditions. The Indian community did not share in the basic Constitutional rights to life, liberty, and the pursuit of happiness until passage of the Citizenship Act of 1924. However, the most basic right to many Indian people, the right to worship as one chooses, was not granted until 1978, when the Indian Religious Freedom Act became law. Many Indian people still choose to worship as did their ancestors. To many, culture is religion, religion is culture: there is no separation. "To deny, or in any way limit the practice of our culture, therefore, is to begin uprooting our very lives."

Consequently, workshop participants expressed deep concern that full religious freedom is still not accorded to Indian people. Examples:

a) Indian patients and inmates do not have free access to tribal medicine men for either counsel or treatment. Priests, ministers and rabbis are granted free access to hospitals and penal institutions, and are treated with the dignity accorded to their station in life. They are not searched; their religious sacraments are not inspected nor desecrated. The same treatment and respect is not afforded to Indian religious leaders.

b) Indian inmates of most penal institutions are not permitted to practice traditional religious rites.

c) Officials at international borders still restrict passage for attendance at religious ceremonies, and refuse to allow religious sacraments to be transported for the purpose of worship.

d) Sacred sites continue to be destroyed (for example, flooding of Cherokee burial grounds by the Tellico Dam), and free access is not permitted to other places deemed holy by tribal elders.

e) Many Indian religious artifacts are on display in museums, others are stored in warehouses and will never again be properly used in religious ceremonies.

RECOMMENDATIONS

Recommendations emerging from the workshops are listed below. Formal resolutions are presented in the Appendix.

1. The nuclear and extended family should be strengthened by all possible means.
2. All efforts should be bent toward retaining our Indian culture and identity. This includes language, way of life, religious practices and ceremonies.
3. We must teach our children the Indian way of life, their religion, to help them face everyday life, and discipline so they know right from wrong. We must respect the elders when they teach the children.
4. Hiring practices in education programs such as Johnson O'Malley and Title IV-A of the Indian Education Act should be revised to encourage use of tribal elders as bilingual-bicultural teachers.
5. Bilingual education funds and programs should be increased.
6. Elders should be given an enhanced role in educating youth in areas such as language preservation and instruction, and teaching cultural realities such as traditional foods, feelings, and modes of perception, the elements of control of one's life.
7. Foster Grandparents Programs should be expanded to include not only kindergarten children, but students in elementary and high school.
8. The educational needs of the Indian elderly need to be assessed, and the differences between needs and wants taken note of. The needs in one geographical area will not be the same as those in another.
9. Indian elders need training in managing the stresses and traumas of age, such as widowhood and illness; also in proper nutrition, how to use time, coping with loneliness. This sort of information should be taught before age 60.

10. Elderly need drug and alcohol education. Alcoholics need to learn there are many things they can still do, and that new friends can be made at AA meetings. In association with alcohol and drug education, there needs to be community education and personal follow-up.
11. Elderly need courses in understanding the law, especially in regard to wills, consumer education, loans, mortgages, taxes, and rights in general.
12. Scholarships should be made available to the elderly for training and education for administrative positions.
13. Tuition for the elderly at Indian colleges should be waived.
14. Transportation of the elderly to appropriate educational institutions is a real need and should be addressed.
15. Education programs for older people should be adequately advertised.
16. Indian elders should become more involved in the process of tribal government in order to bring about desired change.
17. The Indian Religious Freedom Act of 1978 needs revision to clarify existing ambiguities.
18. Religious ceremonies should be kept as a sacred tradition among tribal members only. Many elders felt that religious ceremonies lose their sense of tradition and importance when people outside the tribe are allowed to view these tribal events.
19. Free passage over international borders for the purpose of participation in religious ceremonies must be provided.
20. There should be provisions made for free access of tribal members to sacred sites and other areas deemed holy by the tribal elders.
21. A program to preserve these sacred sites needs to be a priority not only at the Federal and state levels, but also at the tribal level.
22. Religious items displayed in museums, or warehoused, should be returned to tribes upon request in order that they may be properly used in religious ceremonies.
23. The right to religious privacy must be guaranteed.
24. Indian students should have the right to practice their religious ceremonies.
25. Incarcerated Indians should have the right to practice their religious ceremonies.
26. The rights and practices of traditional medicine men need to be enforced. They should be accorded access to hospitals, penal institutions, and other restricted areas just as clergymen are. Medicine pouches and other items used in religious practice should not be inspected or desecrated.
27. An organization of Indian medicine men should be formed to review the language of the Indian Religious Freedom Act and make recommendations to amend those areas found to be unclear in the present rendering of the act.

SUMMARY

The future of the Indian community is dependent on several factors, Culture being the cornerstone. But culture is not something inherent in a people. It must be taught and it must be practiced. The Indian elder has this knowledge — a treasure beyond price that must be cultivated and properly utilized in order that Indian culture may be preserved.

Recommendations focused on ways to enhance the role of the elders as the cultural resource of their people, and on ways to ensure the freedom of Indian people to practice their traditions and beliefs.

CREATING AN AGE-INTEGRATED SOCIETY

Three workshops addressed this topic:

The Elderly and the Indian Child Welfare Act

The Elderly, Education, and the Youth

Youth and Elderly in the Next Decade

Each of these workshops explored ways to bring the generations together and strengthen the bond between young and old. Thus, these workshops relate naturally to those discussed in the previous chapter, Older Americans as a National Resource. In those workshops, participants concluded that the elders' greatest contributions could be made in teaching the youth about their culture and tribal heritage.

BACKGROUND

The Indian people have traditionally maintained a very close-knit society. Children, young men and women, and the elderly lived together in extended families caring for each other and enjoying the mutual company. This societal bond has been weakened by the acculturation of Indian people and by factors such as increased mobility, education, inter-tribal and inter-racial marriages, termination of Indian reservations, and the Bureau of Indian Affairs relocation program.

One of the most frequently expressed of all concerns at the conference was the weakening of the extended family, and the declining role of the elders as teachers and advisors to younger generations.

An important aspect of this problem is the large outflux of younger Indian people from the reservations to seek education or employment. Currently, half the Indian population lives in cities. This "urban migration" weakens intergenerational bonds, removes young children from ongoing socialization in Indian culture, and often leaves the elders without the care and companionship formerly provided by the extended family. Because of these problems, the elders view economic development on the reservations as critical to maintaining the social fabric of Indian life. "We must provide jobs so our young people can stay on the reservation."

Other measures are needed to increase the elders' involvement in and contributions to the community. One example of such measures: expansion of employment opportunities for those over 60, including CETA slots for elders. Participants also recommended that tribes increase the involvement of elders in tribal government. Formerly, it was the elders who guided the affairs of the tribe, and a few tribes are returning to that concept with the development of advisory councils of elders to assist the tribal council in governing.

Workshop participants also stressed the need to offer assistance to families who want to care for their elders in the home. In many cases, both the elders and their families would prefer that elders be cared for within the family setting in accord with traditional values, but the families simply lack the resources to offer this care. Workshop discussions emphasized the need for assistance and incentives such as training of adult children to care properly for an ailing parent; availability of respite care and other in-home supportive services; and reimbursement of a family member for care of the elder.

Other workshop discussions focused on the problems facing Indian youth, and the relationship between the young and old. Many young people, both on and off the reservation, are growing up today with little knowledge of their tribal culture or history. Fluency in speaking the tribal languages has decreased tremendously over the last two generations.

The elders expressed a strong desire to become more involved in public education as a means of counteracting these trends. The workshop participants felt that the elderly can and should become a vital part of the educational system by providing instruction in the schools. Classes in the native language, tribal history and traditional activities could be taught by the elderly. Workshop participants recommended that hiring practices in education programs such as

Johnson O'Malley and Title IV-A of the Indian Education Act be revised to encourage employment of tribal elders as bilingual-bicultural teachers. The Foster Grandparents Program, funded by ACTION, has provided some opportunity for the elderly to work with the youth in the school setting. In the four tribes which currently operate a Foster Grandparents Program, the program has helped the youth establish a better understanding of their cultural heritage.

In the next decade, the Indian elderly want to see emphasis placed on education. To proceed in this direction the elderly and parents of school children must concur on educational goals for the 80's.

To enhance this effort, respective tribal councils need to demand that school boards establish policies accordingly.

In order for schools to utilize the elderly as cultural resources, the Bureau of Indian Affairs and the Department of Education must provide funding. In line with this, the elderly would like to see the BIA grant full authority to the local school boards so that they can self determine curriculum needs as required to establish an integrated society of generations.

As elders at the workshops said:

> *"Working with the youth is more important than to train the elderly. We have so much knowledge and wisdom gained from just living which must be passed on to the youth or it will be lost when we die."*
>
> *"The loss of their culture makes Indian youth like tumbleweeds with no roots, drifting and moving about as the fashions and dictates of white society change and fluctuate. Without roots, one cannot grow."*

Some tribes have instituted programs designed to record the knowledge of elders which is made available to the younger generation. The emphasis in this instance is not only concern for younger people, but for the tribe as a whole. Some of the programs instituted include the recording of history, religion, folklore, games and other activities on tape, film, or paper. Linguistic projects have also been initiated to preserve the native language.

The Indian Child Welfare Act (P.L. 95-608), passed in 1978, was designed to stem the growing percentage of Indian children who were being placed in non-Indian homes for foster or adoptive care. The philosophy behind this legislation is that the extended family and the tribal family is the best environment for Indian children. The law grants jurisdiction over Indian children on reservations to the tribal courts, and requires that every effort be made to place Indian children in Indian homes, preferably with a member of their extended family. This means that Indian grandparents, who have traditionally played an important role in training and caring for children, have an unusually high number of foster children in their care. A nationwide survey indicated that 20-25% of all households headed by Indians aged 45 or older have one or more foster children. An additional percentage care for children during the day.

Programs for the elderly which are age-segregated exclude these children, and in essence bar the elder also from participating. An example which has been cited many times by the elderly is the Title III-c nutrition program, which requires that any person under age 60 must pay the full cost of the meal. Many elders who would like to participate in Title III-c programs simply cannot afford to pay the cost of meals for their grandchildren, and so do not participate. From the Indian perspective, such regulations not only keep elders from needed services but also prohibit a good opportunity for intergenerational learning and enjoyment.

RECOMMENDATIONS

Workshop recommendations are listed below. Formal resolutions are presented in the Appendix.

1. Funding for the Indian Child Welfare Act is currently $5.2 million, or about $250 per child. Funding should be increased, and should inlude provisions for training Indian professionals in fields such as social work.
2. Bilingual education funds and programs should be increased, and those programs which use older people as school aides should be maintained.
3. Foster Grandparent Programs should be expanded to provide teaching to children throughout elementary school and high school.

4. Indian educational facilities should include older Indian people, and the elderly should be kept informed of programs so they can make appropriate contributions.
5. The Bureau of Indian Affairs should not close Indian schools. Elders see these closings as violations of treaty rights, and consider it part of the govenment's trust responsibility to the tribes to maintain schools for Indian children.
6. The Bureau of Indian Affairs and the Department of Education should provide funds to utilize the elders as resources in the schools.
7. BIA should grant full authority to the local school boards so they can autonomously determine the curriculum needed to establish an integrated society of generations.
8. Tribal Councils should demand that the school boards establish policies and curricula that enhance the integration of generations and the teaching of tribal culture in the schools.

SUMMARY

It is the overwhelming desire of the elders that the next decade be used to bring the generations together to ensure that Indian culture will be carried on by future generations.

RESEARCH

Four workshops addressed the topic of research:

The Elderly Indian Population: The Census Perspective

Biomedical Research and the Indian Elderly

Social Research: Just Being Sociable?

Research and Policy Development

The workshops were designed to evaluate the current status of research on the Indian elderly, make recommendations for future research, and consider the role that research should play in policy development, program planning, and service delivery.

BACKGROUND

The number of Indian elderly is sure to grow rapidly over the next decades, since the total Indian population is expanding (its birth rate is currently higher than that of any other population group in the U.S.), and at the same time the life expectancy of Indian people is rising steadily, to 65 years in 1980.

The workshop participants agreed that research is needed to identify the characteristics of this growing population. Such research could provide the basis for effective policy development and for planning more appropriate services for Indian elders.

It has become clear that research on the non-Indian elderly will not suffice for these purposes. For example, cultural differences strongly affect the kinds of support networks available to the elderly, the elders' preferences for health and social services, the role of the elderly in family and community, and so forth. Nutritional patterns, disease rates, life expectancy, and other biomedical phenomena also differ sharply between the Indian and non-Indian populations. Workshop participants concluded that research on these biological and cultural differences could provide the foundation for much-needed changes in policies and services to better respond to the needs of the Indian elderly.

The workshop discussions emphasized the lack of data currently available on the Indian elderly. Good research and reliable statistics on the Indian elderly are very hard to find. In fact, pertinent research in either the social or biological sciences is sparse even when compared with the amount of data available on elderly of other minority groups.

In addition, workshop participants expressed concern about the quality of the research that has been done. One of the over-riding concerns was the lack of sensitivity or relevance to Indian cultures and lifeways in most research to date. Research methodologies need to be adapted to meet the cultural and political realities of Indian life. Areas of inquiry must be evaluated and expanded to ensure that the needs, strengths, and characteristics of the Indian elderly will be accurately reflected in the resulting data. One of the most serious concerns of workshop participants was the overwhelming tendency of researchers to try to fit Indian elderly into the "non-Indian mold", rather than studying them within the context of their tribal culture, history, values, and political realities. As many workshop participants observed, one result of this tendency has been a faulty and overly negative picture of Indian elders simply as troubled versions of Anglo senior citizens. Policies and services designed on the basis of this picture will not be adequate or appropriate.

In addition, previous analyses of the Indian elderly have often failed to recognize the tremendous diversity within the Indian population. More than 400 Indian groups, speaking over 250 distinct languages, live in the U.S. today, and many of these groups differ strikingly in culture. Roughly half of the U.S. Indian population reside in urban areas, with the remainder living on Federally or state-recognized reservations, or in non-reservation rural areas. Yet results of studies that were limited to single communities, reservations, or regions are often extrapolated to the total Indian population as though this diversity did not

exist.* Research to date has failed even to clearly address the nature and implications of this diversity.

Another aspect of the same issue is intergenerational diversity within the Indian population, a phenomenon of even greater dimensions among the Indian than the non-Indian population. Many of today's elders were raised in traditional tribal lifestyles; in the Western U.S., for example, many elders speak little or no English. In contrast, the majority of today's middle-aged generation has had much more exposure to the non-Indian world, including education (frequently in off-reservation boarding schools). What will be the characteristics, needs, and choices of these people — tomorrow's elderly? What long-range plans should be made to accommodate this coming generation of elders? Almost no research has addressed this topic.

Related to this issue is the lack of research on significant life experiences of the Indian elderly and middle-aged. During these people's lives, major upheavals have been caused by Federal policies such as the Indian Reorganization Act of 1934, the BIA relocation program, termination of Federal trust status for a number of reservations. These events have undoubtedly left scars on the elderly of today and tomorrow. The nature and extent of those scars remain to be investigated.

Workshop participants were also concerned that most research on Indian elderly does not benefit the Indian community. The participants identified two reasons for this: (1) most research has little relationship to the actual situation in the community, and (2) very few researchers disseminate their findings to the Indian community, and those who do rarely put their findings in a form that is understandable to the non-scientist.

Finally, it was often noted that an increase in the number of Indian people trained to carry out research in the social or biological sciences is badly needed, and would likely help to alleviate many of the problems identified in the research workshops.

RECOMMENDATIONS

In the context of the issues discussed above, participants made numerous recommendations, which are summarized below. Complete texts of formal resolutions are included in the Appendix.

1. Important topics for future research include: nutrition; traditional herbal medicine; intertribal comparisons of longevity, correlated with variations in lifestyle; alcoholism and alcohol abuse; comparisons of the aging process in Indian populations and non-Indian populations; investigation of the strengths and positive characteristics within the Indian community which might serve as the foundation for developing solutions to existing problems.
2. Future Indian aging research should be directed less toward data processing and focus more on theory-building.
3. Indian youth should be encouraged to enter fields of study which would prepare them to conduct social or biological research.
4. Once a tribe or community is selected as a research site, the elderly and other community members should be included and intimately involved in the research effort, including conceptual phases, design of methodology, and interpretation of results.
5. Tribes should monitor and control research being conducted on their land.
6. Research should be mutually beneficial to the Indian tribe or community and to the researchers. Mutual benefits should be identified prior to the initiation of research, and a contract should be developed citing these benefits and assuring that findings will be cast within Native American frameworks and worldviews.
7. Confidentiality of local tribal residents who volunteer as research subjects should be protected, perhaps through the use of culturally sensitive, non-resident Indians.
8. Research methods and procedures should be made less foreign to Native Americans through the adoption of a dual reporting system. To carry this out, in addition to the researcher's formal scientific report, a "layman's" version should be prepared for Indian elders, tribes or communities, which would be free from confusing numerical manipulations but would highlight what the research means within the context of the tribe.

*It might be noted that extrapolations of such data are made even more uncertain by the lack of accurate population statistics for Indians.

9. Prior research in the social sciences seems to have been initiated only to benefit the academic community. Research must reflect the needs of elders within a family and community context and should organize around real problem solving and program development.
10. Existing research is overwhelmingly directed toward problems organized around needs defined by titled programs in alcoholism, family violence, etc. Negative portrayals often lead to poor self-image among Native Americans. A more positive-oriented research direction is necessary to capture a representative picture of tribal lifestyles and to reflect existing strengths in tribes, communities, and families, and in the roles that elders assume in those contexts.
11. All major research projects sponsored by NICOA should be closely coordinated with tribal aging programs.
12. Tribal aging programs and centers should be used in identifying and soliciting data from Indian elderly.
13. A national effort should be made by NICOA to establish an office of research to ensure research is directed to relevant areas and policy needs.
14. NICOA should develop a stronger central dissemination program to ensure that research findings and information are shared with tribal programs and key organizations to be used at local, state and federal levels in developing responsive policy.
15. The NICOA National Survey findings should be held up until involved groups of Indians are able to review and react to findings.
16. NICOA should provide Indian communities with technical assistance and training to begin to do their own research in regard to their specific needs.

SUMMARY

Workshop participants viewed culturally-appropriate research on the indian elderly as critical to the development of effective policies and services.

A number of concerns regarding previous research were identified, including lack of data on Indian elderly; lack of cultural sensitivity and relevance in theoretical frameworks, methodology, and interpretation of data; failure to acknowledge diversity within the Indian population; lack of accountability of researchers to the Indian community; and shortage of Indian researchers.

Recommendations addressing these concerns focused particularly on the issues of accountability and cultural appropriateness.

APPENDIX A

WORKSHOP TOPICS AND PANELISTS

WORKSHOP TOPICS AND PANELISTS

Listed below is the first set of workshops, those focusing on current problems and issues facing the Indian elderly.

Institutional Care and the Elderly: Where is it? (Two sessions)

The role of the Health Care Finance Administration and IHS as related to P.L. 94-437, nursing homes, hospices, and third party payments.

SESSION A

Michael Bird
Supervisory Social Worker
Santa Fe (NM) Indian Hospital
Indian Health Service

Steven Hardman
Director, Oneida Nursing Home
DePere, Wisconsin

Arthur Lincoln
Director, Community Services
Bureau of Indian Affairs, Albuquerque Area

Jake White Crow
Executive Director, National Indian Health Board
Denver, Colorado

SESSION B

Maggie Gover
Program Director
Americans for Indian Opportunity
Albuquerque, New Mexico

Seth Henshaw
Director, Elderly Care Center
Laguna Pueblo, New Mexico

Dale Lupu
Formerly with the Hillhaven Hospice
Tucson, Arizona

Eleanor McNoise
Board Member, Inter-Tribal Friendship House
Oakland, California

Faye Shelby
Director, Blackfeet Nursing Home
Browning, Montana

Provision of In-home Services to the Elderly

The development of comprehensive supportive services (e.g. daycare, homehealth-homemaker, chore services, etc.) for the Indian elderly.

Lottie Harrell
Nutrition Aide
Seminole Tribe
Hollywood, Florida

Cynthia LaCounte
Director, Tribal Elders Program
Fort Belknap, Montana

Vesta Starkey
Social Service Programs
Indian Health Service, Albuquerque Area

Sophie Thompson
Chief, Social Work Services
Indian Health Service, Navajo Area

Patricia Woods
NICOA Council Member (Muskogee Area)
and
Human Services Director
Chickasaw Nation
Ada, Oklahoma

Transportation Services: Basics

Discussion on the delivery of elderly transportation services and models of existing systems.

Robert Holmes
Director, Ute-Ouray Area Agency on Aging
Fort Duchesne, Utah

Alice Norris
Director, Wise Ones Program
Papago Tribe
Sells, Arizona

Elizabeth White
Director, Yakima Indian Nation
Area Agency on Aging
Toppenish, Washington

Nutrition and the Elderly

John Belindo
Executive Director
National Indian Food and Nutrition
Resource Center
Denver, Colorado

Randle Durant
Director, Elderly Nutrition Program
Gila River Indian Community
Sacaton, Arizona

Jan Jones
Nutritionist
Administration on Aging, Region VI
Dallas, Texas

Morris Lewis
Chief of Field Operations
Community Services Administration, Region VIII
Denver, Colorado

Pensions: What's in it for Indians?

Discussion of problems and issues related to the provision of pensions. Various programs were described, most notably the Railroad Retirement program and the veterans' pension programs.

Louis Gonzalez
Veteran Service Officer
Veterans Administration, Albuquerque Area

Rebecca Howerton
Community Coordinator
NICOA Access Project
Siletz Tribe
Siletz, Oregon

William Kiehlbauch
Director, Albuquerque Area
Railroad Retirement Board

Paul Van der Water
Acting Director, Office of Policy Development
Social Security Administration
Washington, D.C.

The Indian Religious Freedom Act

Discussion of religious values within the Indian Community and particularly among the Indian elderly. Both traditional and Western religions were subjects of discussion.

Rev. Thomas Cook
Executive Director
National Interfaith Coalition on Aging
Athens, Georgia

Rev. Walter Moffett
Chairman, Board of Directors
NICOA (Portland Area)

Paul Ortega
Traditional Medicine
Mescalero, N.M.

The Elderly and the Indian Child Welfare Act

Discussion of the provisions of the Indian Child Welfare Act and the implications and ramifications of the act for the Indian elderly.

Jackie Gonzalez
Supervisory Social Worker
Bureau of Indian Affairs, Albuquerque Area

Patti Marks
Former Legislative Assistant
U.S. Senate Select Committee on Indian Affairs

Nancy Tutthill
Deputy Director
American Indian Law Center
University of New Mexico

Kenneth White
Director, Foster Grandparents Program
Navajo Tribe
Fort Defiance, Arizona

The Education of the Indian Elderly

A discussion of the Bureau of Indian Affairs' and the Department of Education's current programs in adult education.

Dr. Willie Alire
Chief, Education Division
All Indian Pueblo Council
Albuquerque, New Mexico

Cecelia Blanchard
NICOA General Council Member
(Anadarko Area)

James Robertson
Director, Adult Education
Oglala Sioux Community College
Pine Ridge, South Dakota

Clyde Sanchez
Tribal Administrative Interpreter
Acoma Pueblo
Acomita, New Mexico

The Elderly, Education, and the Youth

A discussion of the problems facing Indian youth, the relationship between the young and old in the field of education, and what is being done to bring the two together.

Dr. Eunice Baumann-Nelson
NICOA General Council Member
(New England Area)

Dan Honahni
Project Director
All Indian Pueblo Council - University of New Mexico Teacher Training Program

Dr. Dean Jackson
President, Navajo Community College
and
Member, American Indian Higher Education Consortium

Gerald Wilkinson
Executive Director
National Indian Youth Council
Albuquerque, New Mexico

Energy and the Elderly Indian

A discussion of the energy related problems of the Indian elderly and the impact of the current Administration's energy policy.

Roland Chico
Housing Specialist
American Indian Law Center
University of New Mexico

Louva Dahozy
NICOA General Council Member
(Navajo Area)

Nina Tortilla
Director, Aging Program
Mescalero Apache Tribe
Mescalero, New Mexico

The Elderly Indian Population: The Census perspective

A discussion of the methodology used in the compilation of the 1980 Census, and the findings of the Census as related to the Indian elderly.

Ronald Andrade
Executive Director
National Congress of American Indians
Washington, D.C.

Ernest Jaramillo
Community Services Specialist
Bureau of the Census, Denver Regional Office

Edna Paisano
Racial Statistics Branch, Population Division
U.S. Bureau of the Census
Washington, D.C.

Bio-medical Research and the Indian Elderly

A discussion of issues in the field of biomedical research, including identification of researchable questions and areas needing additional research.

Dr. Frank Dukepoo
Director, Native American Studies
Northern Arizona University
(Formerly with the National Cancer Institute, Washington, D.C.)

Dr. K. A. Jagannathan
Acting Director, Division of Research and Evaluation
Administration on Aging
Washington, D.C.

Dr. Calvin Lang
Department of Biochemistry
University of Louisville

Social Research: Just being sociable?

A discussion of past and current research efforts in the field of Indian aging, problems of current research, and the role of the tribe in sanctioning research activities. Identification of the research topics in the field and implications for policy.

Dr. Ronald Lewis
American Indian Training Program
School of Social Welfare
University of Wisconsin - Milwaukee

Dr. John Redhorse
School of Social Work
Arizona State University

Dr. George Satterthwaite
Statistics Department
American University

The Cities' Elderly Indian

A discussion of the problems faced by the Indian elderly in an urban environment. Communities' response to the issue and the role of various organizations in the delivery of services to this population.

George Barta
President, Board of Directors
National Urban Indian Council
and
Executive Director
Sioux City (Iowa) American Indian Center

Robert Carr
Area Social Worker
Bureau of Indian Affairs, Albuquerque Area

Raymond Mastalish
Executive Director
National Association of Area Agencies on Aging
Washington, D.C.

Chauncina White Horse
NICOA Board of Directors
(Minneapolis Area)

Listed below is the second set of workshops, which focused on the issues and problems that will face the Indian elderly in the 1980's.

American Indian Culture: The next decade

Discussions focused on the preservation of Indian values during the next decade, including such issues as: How can the precedent established by the Indian Religious Freedom Act be utilized to strengthen the values of the Indian community? How can it be utilized to develop and mold social services programs? How can the educational system be structured to encourage this? How important are the arts and crafts of the Indian community?

Tillie Cavanaugh
Senior Citizen Specialist
United Indians of All Tribes Foundation
Seattle, Washington

Dr. Tom Holm
Political Science Department
University of Arizona

Lee Motah
Chairman, Anadarko Area Indian
Council on Aging
Lawton, Oklahoma

Edward Mousse
Private Consultant (Planning Specialist)

Dr. Emery Sekaquaptewa
Department of Anthropology
Northern Arizona University

Youth and Elderly in the Next Decade

Discussion on the development of intergenerational Indian programs. How can the BIA and the Department of Education utilize the elderly in educational institutions? What are their policies regarding the utilization of this resource? What role should the national Indian education organizations assume in the development of this policy? How can the Indian Child Welfare program be instrumental in initiating this activity? How should the BIA and the Department of Education provide educational programs for tomorrow's elderly?

Dr. Dean Chavers
President, Bacone College
Muskogee, Oklahoma

Juanita O'Cata
Chief, Division of Education
Bureau of Indian Affairs, Albuquerque Area

Marcellus Williams
Oklahoma Indian Council on Aging

Tribal Energy Development: The tribal elders' role

Discussion of the energy plans being contemplated for the future. What should the Department of Energy's policy be in the development of tribal energy resources? How can this policy be developed by the Indian community to be culturally responsive? How will these policies affect the quality of life of elderly Indians as related to clean air and water?

J. Lee Cook
Tribal Elders Program
Harlem, Montana

Allan Jemison
NICOA General Council Member (Central Area)
and
Planner, Seneca Tribe
Irving, New York

Margaret Knight
Project Leader
San Juan Basin Regional Uranium Study
Albuquerque, New Mexico

Bearhead Swaney
Tribal Councilman
and
Air Quality Director
Confederated Salish and Kootenai Tribes
Pablo, Montana

Institutional Care for Tomorrow's Indian Elderly

Discussion surrounding the topics of nursing homes, hospices, and hospitals as related to the future health needs of the elderly. Included in the workshop were discussions on the cultural values of the Indian community and the development of an Indian-sensitive policy.

Maxine Chuculate
American Indian/Alaskan Native
Nurses Association
Norman, Oklahoma

Betty Jumper
Community Health Representative
Seminole Tribe
Hollywood, Florida

Novaline Shipp
Planner, Long Term Care
Community Health
Absentee Shawnee, Sac-Fox and Iowa Tribes
of Oklahoma
Shawnee, Oklahoma

Pauline Tyndall
Comprehensive Health Office
Winnebago Tribe of Nebraska
Winnebago, Nebraska

Future Non-Institutional Care: A comprehensive approach?

Discussion of the philosophy underlying the Older Americans Act in the provision of social services, including nutrition. Are current services appropriate? What types of services will be needed? What departments and agencies need to be involved?

David Lundberg
Navajo Nation Area Agency on Aging
Fort Defiance, Arizona

Alice Norris
NICOA General Council Member
(Phoenix Area) and
Director, Wise Ones Program
Papago Tribe
Sells, Arizona

Income and Pensions: A look to the future

Discussion on the directions that tribes should take in the development of a comprehensive tribal pension policy. Discussion also centered on the future of the Social Security program and the issue of universal coverage. Is there a need for a guaranteed annual income?

Kenneth Black
Executive Director
National Tribal Chairmen's Association
Washington, D.C.

Phyllis Borzi
Legislative Associate, Pension Task Force
Subcommittee on Labor-Management Relations
Committee on Education and Labor
U.S. House of Representatives

Research and Policy Development

Discussion of the role of research in the development of policy. How can research assist in the development of aging policy? What are the areas needing additional research to assist in the development of a national Indian policy on aging? What are the manpower requirements in the field of research and Indian aging in the next decade? What should tribes do to increase manpower in the field of aging, if needed?

Dr. Eddie Brown
Office of Intergovernmental Operations
Arizona Department of Economic Security

Dr. George Satterthwaite
Statistics Department
American University

David Talayumptewa
Former Director, Rocky Mountain
Native American Gerontology Center
University of Utah
Salt Lake City, Utah

The Future of the Cities' Elderly Indian

Discussion of the country's future city-dwelling elderly Indian. What will they be like? What special circumstances/environment await them? What should be the responsibilities of the local, state, and Federal government to this population? Is there a need for a policy delineating these? What should be the responsibilities of the BIA, IHS, and ANA in relation to this group?

George Effman
NICOA General Council Member
and
Director, Albuquerque Urban Indian Center

David Lester
Commissioner
Administration for Native Americans
Washington, D.C.

Gwen Minhaus
Program Director for Senior Citizens
Denver Native Americans United Indian Center

Randy Punley
Technical Assistant
National Urban Indian Council
Denver, Colorado

Jackie Swanson
Resource Developer
Seattle Indian Health Board
Seattle, Washington

The Administration on Aging and Title VI: Where to now?

Discussion on the structure and placement of the Administration on Aging within the Department of Health and Human Services. Should AoA's structure and placement be changed? What should AoA's role be? How can the Indian community help shape this new direction? What should Title IV look like in a decade? What are the directions it should assume?

Richard Collins
Navajo Nation Area Agency on Aging
Fort Defiance, Arizona

Frances Holland
Division of State and Community Programs
Administration on Aging
Washington, D.C.

David Rust
Minority Staff Director
U.S. Senate Special Committee on Aging

Fernando Torres-Gil
Assistant to the Secretary
Department of Health and Human Services
Washington, D.C.

Political Activism, the Elderly, and the Future

Discusssion of the potential political roles that the Indian elderly can assume in the next decade, focusing on the "Indian political scene" as it relates to the larger arena. The essence of coalition building, informing, educating and modes of political action. What can the Indian elderly do to promote their issues? What types of information systems need to be developed to provide this much-needed effort? Are Statewide Indian Councils on Aging an answer?

Elsie Basque
Boston Indian Council

Clyde Bellecourt
American Indian Movement

Kenneth Tiger
Chairman, Oklahoma Indian Council on Aging

APPENDIX B

CONFERENCE RESOLUTIONS

ECONOMIC SECURITY

This section presents resolutions which were developed in two workshops, "Income and Pensions: What's in it for Indians?" and "Income and Pensions — A Look to the Future."

CONFERENCE RESOLUTION NO. 80-1

WHEREAS, the needs of the elderly Native American Indian population are unique, and

WHEREAS, the Native American Indian population has made special contributions to American Life, and

WHEREAS, national income maintenance programs cannot reflect these special needs and contributions,

NOW, THEREFORE, BE IT RESOLVED that special programs be established to assure elderly Native American Indians an adequate level of income and to preserve that income against inflation, and

BE IT FURTHER RESOLVED that the allowable resource level under the Federal Supplemental Security Income Program (SSI) be increased from $1500 to $2500.

CONFERENCE RESOLUTION NO. 80-2

WHEREAS, earnings limitation for Social Security should be eliminated, and

WHEREAS, the income and resource limits for Supplemental Security Income, Food Stamps, and other income-tested programs should be shortened and simplified,

NOW, THEREFORE, BE IT RESOLVED that the conference participants support this resolution.

CONFERENCE RESOLUTION NO. 80-3

WHEREAS, our Indian elderly people have very limited income, and

WHEREAS, there are many requirements for their money, and

WHEREAS, elderly people are constantly restricted of their savings in being determined eligible for services such as institutional care,

NOW, THEREFORE, BE IT RESOLVED that the savings of the Indian elderly be exempt from determination of eligibility.

CONFERENCE RESOLUTION NO. 80-4

WHEREAS, the amount given by Social Security for burial benefits is small ($255) and the cost of a funeral is great,

NOW, THEREFORE, BE IT RESOLVED that the Social Security Administration burial benefits be increased to $350, and

BE IT FURTHER RESOLVED that tribes are urged to establish burial funds to supplement the burial payment available from Social Security, the Veterans Administration, and other government programs.

PHYSICAL AND MENTAL HEALTH

Resolutions presented in this section were developed in the following workshops: "Institutional Care and the Elderly: Where is it?"; "Provision of In-Home Services to the Elderly"; "Nutrition and the Elderly"; "Institutional Care for Tomorrow's Elderly"; and "Future Non-Institutional Care: A comprehensive approach?"

Conference Resolution No. 80-5

WHEREAS, the Federal government has adopted a policy of Indian self-determination, and

WHEREAS, present regulations as designed cause failure for the individual contractors to perform adequate services for tribes,

NOW, THEREFORE, BE IT RESOLVED that all government agencies contracting with tribes and Indian organizations be required to review the total cost of the services actually being provided including all costs of fringe benefits, all cost of the support provided by the tribal government itself. All government agencies should review their contracting procedures to provide total payment of services being provided.

Conference Resolution No. 80-6

WHEREAS, there have been some Federal program regulations changed after issuance of a grant or program that are detrimental to Indian contractors, and

WHEREAS, there is a definite lack of flexibility for negotiation between the contractors and the funding agency,

NOW, THEREFORE, BE IT RESOLVED that no Federal regulations be changed on a program after a contract has been issued that would be unfavorable to the tribe or Indian organization and that flexibility for negotiation be included in all regulations applying to contracts and grants.

Conference Resolution No. 80-7

WHEREAS, the life expectancy of the nation's Indian population is increasing while, concurrently, their total population is increasing, and

WHEREAS, the inevitability of institutional care is a necessary component within a comprehensive service delivery system, and

WHEREAS, the needs of the future population of older Indians must be considered within the context of existing Federal agencies, laws, and regulations, and

WHEREAS, these existing laws and regulations have been shown to be insensitive to the needs and wishes of the Indian elderly,

NOW, THEREFORE, BE IT RESOLVED that Federal agencies such as the Bureau of Indian Affairs, the Indian Health Service, Department of Housing and Urban Development, the Administration on Aging, and other appropriate agencies, be required to review and revise any and all rules and regulations that are inconsistent with the Indian Communities' needs, and

BE IT FURTHER RESOLVED that this review should include those areas relating to citizen participation, culture-based programming, training opportunities for aging program staff, and

BE IT FURTHER RESOLVED that this review and evaluation be undertaken and submitted to the Indian community for their input by April 30, 1981.

Conference Resolution No. 80-8

WHEREAS, there is no apparent recognition by the Administration on Aging of the special legal relationship of American Indians and Alaskan Natives to the Congress of the United States,

NOW, THEREFORE, BE IT RESOLVED that an Indian Desk be established within the Administration on Aging.

Conference Resolution No. 80-9

WHEREAS, there is no apparent recognition of the problems of the Indian elderly within the BIA and IHS,

NOW, THEREFORE, BE IT RESOLVED that an Aging Desk be established within the IHS and BIA with authority to provide advocacy and service for the elderly within these two agencies.

Conference Resolution No. 80-10

WHEREAS, the BIA has projected through 1983 a decreased need for funds for social services, and

WHEREAS, the BIA has not reported to Congress the appropriations needed to provide quality services to Indian elderly people as requested in 1971, 1976, 1978, and

WHEREAS, the BIA is by legislation responsible to provide a comprehensive service system to insure Indian elderly people are receiving services which promote their well being and strengthen Indian families,

NOW, THEREFORE, BE IT RESOLVED that the BIA amend their appropriative request to the President and Congress to include sufficient appropriations to provide vitally needed and high quality services to Indian elderly, and

BE IT FURTHER RESOLVED that this request be based on levels of need documented by tribal aging programs and the National Indian Council on Aging.

Conference Resolution No. 80-11

WHEREAS, the Indian elderly have been subjected to numerous environmental and cultural changes that have left them without a meaningful role, and

WHEREAS, the different governmental programs designed for the elderly population are inappropriate to the needs of the Indian elderly, and

WHEREAS, these programs have not adequately met the needs of the Indian elderly, and

WHEREAS, some of the Federal programs fund Indian tribes in ways that are inconsistent with established Federal/Tribal relationships,

NOW, THEREFORE, BE IT RESOLVED that eligibility criteria for aging programs not include means testing and population counts, and

BE IT FURTHER RESOLVED that funding levels be increased for:

1. Training tribal aging program personnel;
2. Home health programs;
3. Title VI of the Older Americans Act;
4. Title V of the Older Americans Act;
5. Transportation programs, and

BE IT FURTHER RESOLVED that all Federal social services programs adopt the concept of direct funding, and thereby strengthen the concept of self-determination.

Conference Resolution No. 80-12

WHEREAS, provision of health care and accessibility to health care be made available to every Indian regardless of tribal affiliation or location of residence, and

WHEREAS, all efforts to develop in-take systems by community resources and other agencies take into account and be sensitive to unique tribal cultures, and

WHEREAS, health care needs and funding being provided by existing services not be reduced from other existing resources,

NOW, THEREFORE, BE IT RESOLVED that land lease payments be exempt from all eligibility criteria for health care services.

Conference Resolution No. 80-13

WHEREAS, there has been an apparent failure by social services contractors to inspect institutions before placing elderly into nursing homes and other institutional care facilities,

NOW, THEREFORE, BE IT RESOLVED that a board composed of elderly people be required for each contractor to insure that each institutional care facility to be utilized be inspected and approved before any funds are expended to that facility.

Conference Resolution No. 80-14

WHEREAS, elderly people with savings are restricted and discriminated against in regard to eligibility for institutional care services and stand to lose all their savings,

NOW, THEREFORE, BE IT RESOLVED that all elderly citizens be allowed to exempt their assets and income upon entering institutional care.

Conference Resolution No. 80-15

WHEREAS, our elderly people have very limited income, and

WHEREAS, there are many requirements for their money that must be used for personal needs,

NOW, THEREFORE, BE IT RESOLVED that IHS and other health facilities be required to provide all medicines prescribed by the elderly patient's physician.

Conference Resolution No. 80-16

WHEREAS, the workload of the Community Health Representative (CHR) Program is too great to be adequately met by the existing program, and

WHEREAS, the CHR Program on reservations cannot fulfill the workload to meet the demand of our Indian elderly,

NOW, THEREFORE, BE IT RESOLVED that the Department of Labor expand the CETA Program to adequately meet these needs.

Conference Resolution No. 80-17

WHEREAS, there are many Indian elderly who have no one to visit or look after them, and

WHEREAS, there are many Indian elderly who have a desire to be helpful,

NOW, THEREFORE, BE IT RESOLVED that programs be available to employ, on a part-time basis, elderly people to visit elderly people.

Conference Resolution No. 80-18

WHEREAS, transportation has been lacking for Indian patients in transporting them to therapy and clinical appointments from nursing homes,

NOW, THEREFORE, BE IT RESOLVED that funds be provided thru SSA or IHS to transport those patients and clients to receive proper health care.

Conference Resolution No. 80-19

WHEREAS, there is a need to furnish home delivered meals, with some native foods depending on areas, with transportation for those who can get out, and home services and home health care for the home bound, and

WHEREAS, existing homes should be improved with energy use in mind, and

WHEREAS, needed housing must be provided with enough money to build them right, and

WHEREAS, meaningful jobs are needed for those able to work,

NOW, THEREFORE, BE IT RESOLVED that the National Indian Conference on Aging support this resolution.

Conference Resolution No. 80-20

WHEREAS, better transportation should be made available for elderly to nutrition sites, and

WHEREAS, eligibility rules for Indian elderly should be revised for easier participation in the USDA Food Distribution Program, and

WHEREAS, all tribal governments, organizations and affiliations should be more responsive and supportive of the NICOA and National Tribal Chairmen's Association advocacy for nutrition and food programs for the elderly, and

WHEREAS, Congress should appropriate sufficient funding for Title VI to meet 100% of Indian elderly nutritional services to the elderly, and

WHEREAS, Indian elderly programs should hire people more qualified and responsive for the delivery of nutritional services to the elderly,

NOW, THEREFORE, BE IT RESOLVED that the Conference participants support this resolution.

Conference Resolution No. 80-21

WHEREAS, elderly have culturally used certain foods all their lives, and

WHEREAS, to change this requires much time, education, etc., and

WHEREAS, in order to be a part of an on-going delivery system,

NOW, THEREFORE, BE IT RESOLVED that native foods, fruits, etc. be included in Federal nutrition packages, within daily nutrient allowances.

Conference Resolution No. 80-22

WHEREAS, action is needed on developing existing community support services to prevent premature and inappropriate institutionalization of elderly, and

WHEREAS, Indian communities have existing services and support systems which should be used as the foundations of building community support services which will keep elderly people independent in their home and community,

NOW, THEREFORE, BE IT RESOLVED that training of workers be focused on how to work with the elderly, how to work together including:

a) National Plan of Federal agencies serving Indian elderly on how their programs will sensitize and train their staff to provide in-home services.
   —How to do case reviews?
   —How to do Service Plans?
b) Implementation of Home Health Care and In-Home Support Services, and

BE IT FURTHER RESOLVED that transportation problems be decreased by having vans with wheel chair lifts made available, and

BE IT FURTHER RESOLVED that new programs be implemented in coordination as needed with existing programs and services. The goal should be to reduce paperwork and increase service delivery, and

BE IT FURTHER RESOLVED that BIA, AoA, and other Federal agencies inform tribes of funds being made available and make a commitment of dollar amounts prior to tribes preparing proposals. This is necessary to insure expectations of elderly are not raised too high and that staff time is used wisely, and

BE IT FURTHER RESOLVED that nutritional study of RDA be done for Indian elderly, and

BE IT FURTHER RESOLVED that requirements for elderly participation in decision making on elderly programs at conferences, meetings, and other programs be strengthened and financed with program funds, and

BE IT FURTHER RESOLVED that requirements that elderly preferences for food be implemented and that present policies be flexible to allow for cultural sensitivity and native foods in nutrition services, and

BE IT FURTHER RESOLVED that NICOA increase training efforts for community Senior Citizen Councils on methods they can use to monitor and evaluate their aging programs and plan more effective coordination of their reservation services for elderly. Specifically means to coordinate:

CHR - Community Health Nurse
Social Services
Housing Services
Transportation
Other,

and

BE IT FURTHER RESOLVED that NICOA explain to the Federal agencies that the future non-institutional services the non-Indians are now talking about have existed through traditional ways in Indian communities. What is needed is not to invent new language and programs and improve them and increase their funding so they can deliver the number and quality of services the Indian elderly now need and will need in the future. First a coordination of BIA, IHS, AoA, DOL, and other Federal resources must be possible at the tribal level to remove regulations and to use the available services better, and

BE IT FURTHER RESOLVED that the National Indian Council on Aging immediately prepare a strategy to insure that the most important Federal agencies to Indian aging programs meet their Federal responsibilities and not withdraw from their present commitments, and

BE IT FURTHER RESOLVED that the National Indian Council on Aging identify barriers to coordination of services still existing in the present regulations and request a national waiver of these regulations for Indian tribes, and

BE IT FURTHER RESOLVED that the National Indian Council on Aging advocate for direct funding to tribes of Federal resources which will improve services to Indian elderly at the community level, and

BE IT FURTHER RESOLVED that Federal policies which promote institutional care be changed with the input of tribal elderly and new policies be written with the tribes which will insure that elderly will be able to stay in their own home and community until it is no longer possible, and

BE IT FURTHER RESOLVED that appropriate institutional care should be provided on reservations with the goal of returning the elderly to their family.

SOCIAL WELL-BEING

Resolutions presented in this section were developed in the following workshops: "Transportation Services — Basics"; The Cities' Elderly Indian"; "The Future of the Cities' Elderly Indian"; "The Administration on Aging and Title VI: Where to now?"; and "Energy and the Elderly Indian".

Conference Resolution No. 80-23

WHEREAS, there is an increasing number of persons 60 and above in the Indian and non-Indian populations, and

WHEREAS, there is a need to improve the administration of aging programs to more effectively and appropriately meet the needs of the growing elderly population,

NOW, THEREFORE, BE IT RESOLVED that the National Indian Conference on Aging recommends that the Administration on Aging be moved to a higher level as a separate department directly under the Assistant Secretary.

Conference Resolution No. 80-24

WHEREAS, the Indian elderly residing in reservation and urban/rural communities are not receiving adequate levels of transportation services, and

WHEREAS, the funds for providing these services in the Indian communities are less than adequate, and

WHEREAS, some states are insensitive to the transportation needs of the Indian community, and

WHEREAS, most Indian communities do not have the resources for the required match,

NOW, THEREFORE, BE IT RESOLVED that serious consideration be given to the transportation needs of the nation's elderly Indian through the following action:

1. Increase funding levels for all Department of Transportation programs for Indian elderly and handicapped, and
2. Allow direct funding of Indian tribes by the Department of Transportation, and
3. Exempt Indian tribes from meeting the required match for transportation funds.

Conference Resolution No. 80-25

WHEREAS, funds are funneled through non-profit organizations and regional and state levels, and

WHEREAS, the Indian elders are not receiving full benefits from this program, and

WHEREAS, Indian tribes and organizations are already administering CETA funds, and therefore direct funding to Indian tribes and organizations for employment for Indian elderly would provide greater cost benefit of employment funds,

NOW, THEREFORE, BE IT RESOLVED that NICOA support legislation to provide direct funding to tribes for the Green Thumb Program (Title V).

Conference Resolution No. 80-26*

WHEREAS, NICOA is a recognized advocate and spokesman for Indian and Alaskan Native elders, and

WHEREAS, NICOA is going to participate in the 1981 White House Conference on Aging (WHCOA), and

WHEREAS, the Indian and Alaskan Native elders are the strength of our communities, and

WHEREAS, at least half of the Indian population resides off-reservation,

NOW, THEREFORE, BE IT RESOLVED that NICOA sponsor one slot from each NICOA region for urban Indians in order that they shall be able to participate in the forthcoming 1981 WHCOA and be able to voice their concerns and ideas as Indian people living in urban areas, and

BE IT FURTHER RESOLVED that NICOA work together with the National Urban Indian Council (NUIC), the National Council of American Indians, the National Tribal Chairmen's Association, and the national Indian communications network in order to better transmit information concerning American Indian and Alaskan Native elders, and

BE IT FURTHER RESOLVED that NICOA work with NUIC and it affiliations in determining the needs of the urban American Indian and Alaskan Native elderly, and in the development of policy or legislative action.

Conference Resolution No. 80-27*

WHEREAS, the housing, health and income needs of the urban Indian elderly are acute, and

WHEREAS, the existing service provider agencies have generally failed to meet these needs,

*At press time, this resolution had not been acted upon. It will be presented at the March 1981 NICOA Board of Directors meeting.

NOW, THEREFORE, BE IT RESOLVED that additional funding be made available to assist low-income urban Indian elderly in paying their utility bills, and

BE IT FURTHER RESOLVED that more housing for low-income elderly be made available, and

BE IT FURTHER RESOLVED that health care ombudsmen be established to assist Indian elders in receiving Medicare, home health care, and other needed health services, and

BE IT FURTHER RESOLVED that financial assistance be given to urban Indian elderly who require emergency hospitalization in non-Indian Health Service hospitals, or who must purchase prescription medications or medical devices from non-IHS clinics or pharmacies, and

BE IT FURTHER RESOLVED that state and Federal agencies recognize and respond to the need for nutrition programs specifically for the urban Indian elderly, and

BE IT FURTHER RESOLVED that existing service provider agencies receive additional funding to employ staff who are able to relate to Indian elderly.

Conference Resolution No. 80-28

WHEREAS, all urban Indian centers be encouraged to seek out and identify and maintain current data on elderly Indians residing in their respective areas, and

WHEREAS, Indian Centers should be adequately funded to assure timely notification to the elderly of any pertinent information, and

WHEREAS, the urban Indian programs need additional funds to meet the needs of the urban elderly, and

WHEREAS, the urban Indian programs need additional funds to expand services to reach all Indian elders in need, and

WHEREAS, there is a need to have lower taxes and lower rental units for elderly as well as burial insurance, and

WHEREAS, the BIA should provide educational programs for Indian elderly, who should be trained to work in aging programs,

NOW, THEREFORE, BE IT RESOLVED that Title VI be amended to include urban programs and organizations.

Conference Resolution No. 80-29

WHEREAS, Title VI does not provide funds for urban Indians/non-Federally recognized tribes, and

WHEREAS, urban Indians and non-Federally recognized tribes have socio-economic problems that need to be addressed,

NOW, THEREFORE, BE IT RESOLVED that Title VI be expanded to include urban Indians, and

BE IT FURTHER RESOLVED that Title VI be expanded to include a broader range of services, and

BE IT FURTHER RESOLVED that these services include planning/mobilization funds.

Conference Resolution No. 80-30

WHEREAS, Title VI has such a narrow focus, excluding delivery of services to both non-reservation rural and urban Indians, and

WHEREAS, Title III does not apply itself to the needs of the elderly Indians, especially in urban areas, and

WHEREAS, Area Agencies on Aging do not fully understand the complexity of the urban Indian in their midst, and

WHEREAS, Area Agencies on Aging are inclined to overlook the needs of the elder Indian,

NOW, THEREFORE, BE IT RESOLVED that the Administration on Aging provide funds under Title VI, Older Americans Act, to Indian tribes and organizations not currently eligible for Title VI funds, and

BE IT FURTHER RESOLVED that said funds be used for demonstration/advocacy programs on a national level, and

BE IT FURTHER RESOLVED that said funds be used for model projects which would demonstrate methods to improve or expand social services or nutrition services or otherwise promote the well being of older off-reservation Indians not now entitled to Title VI funds.

Conference Resolution No. 80-31

WHEREAS, small tribes have not had the option of direct funding for their aging programs because of the requirement that Title VI grantees have at least 75 persons over 60 years of age, and

WHEREAS, many smaller tribes would prefer to receive direct funding,

NOW, THEREFORE, BE IT RESOLVED that tribes and reservations not be required to have 75 elders in order to receive Title VI funds.

Conference Resolution No. 80-32

WHEREAS, Title VI of the Older Americans Act was intended to provide direct funding to Indian tribes to provide much needed social services for the Indian elderly, and

WHEREAS, six million dollars was appropriated in the first funding cycle to provide all these much needed services but is not adequate, and

WHEREAS, the Indian elderly look to their tribes and Indian organizations to provide these services, such as nutrition, transportation, homemaker and home health services, outreach, legal services, and senior centers, and

WHEREAS, the Indian elders are not receiving services through other programs that are not tribally oriented,

NOW, THEREFORE, BE IT RESOLVED that the National Indian Conference on Aging recommends that the Congress of the United States appropriate at least $50 million in order to adequately implement Title VI, and

BE IT FURTHER RESOLVED that the Administration on Aging ensure that regulations governing Title VI contain sufficient flexibility to meet locally determined needs without requiring expenditure of scarce resources on unneeded services.

Conference Resolution No. 80-33

WHEREAS, there is no apparent recognition within the Administration on Aging of the relationship between American Indians/Alaskan Natives and the government of the United States, and

WHEREAS, an understanding of the responsibility of the tribes to provide social services through Title VI of the Older Americans Act is lacking,

NOW, THEREFORE, BE IT RESOLVED that an Indian Desk be established within the Administration on Aging to assure this understanding exists.

Conference Resolution No. 80-34

WHEREAS, there is a need for objective evaluation of Title VI,

NOW, THEREFORE, BE IT RESOLVED that the National Indian Conference on Aging recommends that the Federal Council on Aging be requested and recommended to review and evaluate Title VI and report its findings to NICOA and all Indian Councils on Aging.

Conference Resolution No. 80-35

WHEREAS, the needs of the nation's Indian elderly are not being met through present levels of funding for programs, and

WHEREAS, the nation's Indian elderly have persevered through years of physical and mental abuse through the intercessions of the Federal government, and

WHEREAS, the different Federal agencies charged with the responsibility of responding to the needs of the Indian elderly are neglecting their responsibility,

NOW, THEREFORE, BE IT RESOLVED that the participants of the 1980 National Indian Conference on Aging recommend that:

1) Congress appropriate $25 million for Title VI of the Older Americans Act of 1978,
2) that the Bureau of Indian Affairs make public its responsibility to the needs of the Indian elderly, and the Conference participants support the Navajo Tribe's efforts in this matter,
3) Congress and the Federal government allow Indian tribes to discuss and settle grievances among themselves without external involvement, thereby reaffirming the concept of tribal sovereignty and Indian self-determination.

Conference Resolution No. 80-36

WHEREAS, the American Indian elderly have been forgotten and neglected in the emergence of modern American Society, and

WHEREAS, the American Indian elderly have sacrificed and given of themselves in the development of this country,

NOW, THEREFORE, BE IT RESOLVED that all references to elderly Native Americans as "Senior Citizens" be changed to "Honored Citizens", and

BE IT FURTHER RESOLVED that, as at this conference where registration fees are waived for persons 60 years of age and older, registration fees for all honored citizens be waived at all meetings where any part of such meeting will pertain to them, and

BE IT FURTHER RESOLVED that all Native Americans and particularly the honored citizen, should not be required to pay entrance fees to national state parks or any public lands, forests and waters; and fishing and hunting licenses and permits should be provided free to all Native American Honored Citizens, and

*At press time, this resolution had not been acted upon. It will be presented at the March 1981 meeting of the NICOA Board of Directors.

BE IT FURTHER RESOLVED that, as the nation's military veterans are so honored by a monetary allowance to help defray burial expenses — in many cases such burial is in a National cemetery maintained by federal funds — so, too, should this official dignity be extended to the Native American Honored Citizen. Many Native Americans die in urban areas and, due simply to lack of funds, are buried in city cemeteries — many in grossly neglected Potter's Fields. It is forever sad and shameful to know that the sacred remains of these great people, who have given so much, shall never return to their ancestral lands. A sorrowful and deplorable denial due only to an artificial expense the honored citizen cannot afford, and

BE IT FURTHER RESOLVED that when viewed in the context of the infamous history of the intruders to such locales as Sand Creek, Wounded Knee, Acoma Pueblo, the Trail of Tears, The Wallowa Valley and hundreds of other places throughout our land, the costs of implementing the above proposals should consider them all repaid a thousandfold — and more.

OLDER AMERICANS AS A NATIONAL RESOURCE

This section presents resolutions developed in the following workshops: "The Indian Religious Freedom Act"; "The Education of the Indian Elderly"; "American Indian Culture: The next decade"; "Tribal Energy Development: The tribal elders' role"; and "Political Activism, The Elderly, and The Future".

Conference Resolution No. 80-37

WHEREAS, spiritual beliefs permeate all of life, and

WHEREAS, the health of all people — especially elderly people — requires a strong, healthy spirit, and

WHEREAS, Indian health professionals are often unfamiliar with the spiritual aspects of the people they serve,

NOW, THEREFORE, BE IT RESOLVED that all Indian Health Service Units and urban Indian health programs seek consultation and work with spiritual leaders of the patients' choice whenever possible, and

BE IT FURTHER RESOLVED that matters of payment for consultation be negotiated with individual spiritual leaders in a way that shows honor and respect to their beliefs.

Conference Resolution No. 80-38

WHEREAS, Public Law 95-341 joint resolution 102 on American Indian Religious Freedom calls attention to certain rights of the American Indian with respect to the religious freedoms of traditional American Indians, and

WHEREAS, Section 2 of the resolution calls upon the President to direct the various Federal departments, agencies and other relevant instrumentalities to examine the regulations and procedural policies in consultation with Native traditional religious leaders and to report by August 11, 1979, the results of this evaluation, together with any procedural or policy changes and further legislative action indicated, and

WHEREAS, no such evaluation and report has been received by the Congress or been made public to the parties concerned, and

WHEREAS, this report is of crucial concern to older American Indians,

NOW, THEREFORE, BE IT RESOLVED that we respectfully urge upon the Federal, state and local governments, the President, and all parties involved, that such a progress report and evaluation be completed and published within the next 60 days.

Conference Resolution No. 80-39

WHEREAS, the Indian peoples' reason(s) for existence and meaning in life are embodied in their various religious practice(s), and tradition(s) and

WHEREAS, the Indian peoples' uniqueness, oneness and beauty lie in the mystery of their faith and convictions,

NOW, THEREFORE, BE IT RESOLVED that

1) Preservation and access to sacred sites be maintained,
2) The right to recover religious items be honored,
3) The right to cross international borders freely for religious ceremonies/practices be maintained,
4) Incarcerated Indians be protected from abuse in practicing their religious beliefs,
5) The right to religious privacy be respected and honored,
6) The right to traditional hairstyles not be questioned,
7) The right of Indian students be judiciously maintained,
8) A Medicine Man Association be encouraged to safeguard traditional practice,
9) Indian food sources for healing and health be protected.

Conference Resolution No. 80-40

WHEREAS, there is a need for learning local native history, and

WHEREAS, there are many resource people among the elderly, and

WHEREAS, equal appropriations are needed to school districts, and

WHEREAS, school policies should be improved pertaining to appropriations, and

WHEREAS, district membership should be encouraged,

NOW, THEREFORE, BE IT RESOLVED that local action be implemented for improvement and

BE IT FURTHER RESOLVED that the Indian elderly be utilized as a resource and the teaching be incorporated through tribal teaching programs.

CREATING AN AGE-INTEGRATED SOCIETY

Resolutions presented in this section were developed in the following workshops: "The Elderly and the Indian Child Welfare Act"; "The Elderly, Education, and the Youth"; and "The Youth and Elderly in the Next Decade".

Conference Resolution No. 80-41

WHEREAS, there is a shortage of trained Indian professionals to work in areas such as public health, medical care services, energy related programs and particularly in social work and services connected with the Indian elderly, and

WHEREAS, there are no provisions in such legislation as the Indian Child Welfare Act to train Indian service workers, such as social workers, nor do there seem to be any long range plans to increase the Indian professional pool to help implement the provisions of such legislation, and

WHEREAS, there is need to secure sufficient funds to originate or continue professional training programs directed to Indian training needs and to provide sufficient traineeships or scholarships for such students undertaking such training,

NOW, THEREFORE, BE IT RESOLVED that Congress be urged to appropriate sufficient funds for Indian professional training in any bill directed to Indian interests that requires manpower for implementation, and

BE IT FURTHER RESOLVED that funds specifically be incorporated in the appropriation for the Indian Cild Welfare Act to be used for training Indian social workers at the graduate and undergraduate levels.

Conference Resolution No. 80-42

WHEREAS, Public Law 95-608, the Indian Child Welfare Act, was mandated by Congress for the purpose of protecting and preserving the rights and welfare of Indian children, and

WHEREAS, Public Law 95-608, the Indian Child Welfare Act, was funded by Congress in the amount of 5.2 million dollars in Fiscal Year 1980, and

WHEREAS, workshop participants recognize the urgent need for more adequate funding to allow effective implementation to meet the unique needs of Indian children through Public Law 95-608,

NOW, THEREFORE, BE IT RESOLVED that additional funding in the amount of $27 million dollars be appropriated by Congress in FY 1982 and FY 1983 for Public Law 95-608, the Indian Child Welfare Act, to meet the vast needs addressed by the Indian Child Welfare Act.

Conference Resolution No. 80-43

WHEREAS, elders have valuable resources to offer Indian children. In many tribes, they are the culture bearers, and

WHEREAS, some Indian youth reflect low self-esteem and lack cultural identity, and

WHEREAS, the elders and the youth including Indian handicapped children, need to be united in traditional cultural and educational programs, including schools and other educational settings, with close contact over extended periods of time between elders and Indian youth, and

WHEREAS, traditional Indian culture should be an integral part of the curriculum in schools educating Indian children and youth, and

WHEREAS, funds should be provided to support these programs, and

WHEREAS, Indian elders knowledgeable of their tribal cultures should be formally credentialed to teach these subjects in the schools, and

WHEREAS, ways should be provided to record the old customs and ways of life of each tribe in order to preserve their culture. This could be recorded on tape or printed. The elderly could provide an invaluable source of information on their customs and the old and current way of Indian life, and

WHEREAS, funds should be provided to Indian elders for their work in this area, and

WHEREAS, the determination of ownership of these archives should be left to the Tribe, and

WHEREAS, the determination of whether or not to copyright these materials should rest with the Tribe, and

WHEREAS, Public Law 95-561 established School Boards for Indian schools, but School Boards for non-contract schools still have limited authority and there is limited representation of the Indian elderly on these School Boards, and

WHEREAS, the Bureau of Indian Affairs should be mandated to grant full authority to local School Boards and the School Boards should be mandated to have representation of the Indian elderly on the School Boards, and

WHEREAS, the Indian elderly want their language and culture taught, while the parents do not care or in some cases do not want it taught, and

WHEREAS, there is a need for the elderly and the parents to get together and agree on the goals of education and to propose the goals to the School Boards and the Tribal Councils, and

WHEREAS, there is a national dropout rate of 85 percent for Indian college students, and a dropout rate of 47 percent among Indian students in vocational institutes, and

WHEREAS, the funds available for vocational education should be increased to educate more Indian youth and elderly in vocational institutes, not taking any funds away from monies already made available for college programs, and

WHEREAS, many of the Indian elderly attended Indian schools and are attached to these schools, and these schools are now being closed in violation of treaties, and tribal councils were not consulted prior to the closing of these schools, and

WHEREAS, the Bureau of Indian Affairs should maintain schools for Indian children as part of their trust responsibilities under treaties negotiated with the tribes, and

WHEREAS, under the Vocational Education Act, one percent of funds were set aside for Indians, to be matched by an equal amount from the Bureau of Indian Affairs, and BIA has not yet matched these funds, and

WHEREAS, BIA should set aside funds to match funds already available under the Vocational Education Act, to provide an adequate program of vocational education,

NOW, THEREFORE, BE IT RESOLVED that the National Indian Conference on Aging support this resolution.

RESEARCH

This section presents resolutions developed in the following workshops: "The Elderly Indian Population — The Census Perspective," "Biomedical Research and the Indian Elderly," "Social Research: Just being sociable?," and "Research and Policy Development."

Conference Resolution No. 80-44

WHEREAS, there is no formal Indian research society, and

WHEREAS, there is need for social research by urban, rural and reservation Indian people, and

WHEREAS, social research documentation is needed for planning and development,

NOW, THEREFORE, BE IT RESOLVED that an American Indian Research Committee be developed to explore and implement such a service.

Conference Resolution No. 80-45

WHEREAS, insofar as social research involves an ethical responsibility to represent an accurate account of culturally distinctive tribal lifestyles and a responsibility to preserve the basic strengths derived from tribal customs and tradition and a responsibility to promote the organization of health services that is compatible with tribal lifestyles,

NOW, THEREFORE, BE IT RESOLVED that tribal government, as the legitimate and representative political unit of Indian people should assume a gatekeeper responsibility over research activities. Tribal governments should control the initiation of research to insure the protection of human subjects and the integrity of tribal customs and tradition, and

BE IT FURTHER RESOLVED that research investigating conditions of elders should involve participation by elders through the organization of a "council of elders" for each tribe. This "council of elders" would monitor initial stages of research to insure representative sampling procedures and to eliminate language difficulties in research instruments. The "council" would further monitor the instruments. The "council" would further monitor the interpretation of data to insure tribal accuracy and to avoid cultural distortion, and

BE IT FURTHER RESOLVED that research must be accountable to tribes and communities. Mutual benefits should therefore be identified prior to the initiation of research and a contractual arrangement be drafted assuring that findings will be cast within Native American theoretical frameworks and will fit a tribal world view, and

BE IT FURTHER RESOLVED that research methods and procedures should be made less foreign to Native Americans through the adoption of dual reporting systems designed to reduce errors in language translation and to retain accurate meaning of Native American concepts. One reporting system should be a version for elders and tribes which would be free from confusing numerical manipulations but would highlight what the research means within the context of the tribe. From this a formal report incorporating data would be prepared to represent the tribe to outside institutions, and

BE IT FURTHER RESOLVED that confidentiality of local tribal residents who volunteer as research subjects should be protected through the use of culturally sensitive, non-resident Indians, and

BE IT FURTHER RESOLVED that prior research seems to have been initiated to benefit an array of professional disciplines, that is, social work, anthropology, or psychology, and has been subsequently too narrow in focus. Research must reflect the needs of elders within a family and community context and should organize around real problem solving and program development, and

BE IT FURTHER RESOLVED that existing research is overwhelmingly directed toward problems organized around needs defined by titled programs in alcoholism, family violence, etc. Negative portrayals often result, and lead to a question: How bad are we Native Americans? A more positive-oriented research direction is necessary to capture a representative picture of tribal lifestyles and to reflect existing strengths in tribes, communities, and families and the roles that elders assume in that context.

TRIBAL RESOLUTIONS

Resolutions presented in this section were prepared by tribal groups prior to the conference, and were submitted to the Plenary Session for passage along with workshop resolutions. As such, these resolutions present the special concerns of particular tribes and reservations, with the endorsement of the general assembly of the National Indian Conference on Aging.

Conference Resolution No. 80-46

Submitted by the

COLORADO RIVER INDIAN TRIBES

WHEREAS, the senior citizens residing on the Colorado River Indian Reservation did meet in a White House Conference on Aging, a Community Forum in Parker, Arizona on August 15, 1980 for the purposes of identifying problems, determining needs and raising issues which affect the quality of their lives, and

WHEREAS, many programs funded by various levels of government designed to serve the needs of the elderly are also available to our seniors, and

WHEREAS, each of these programs has eligibility criteria which often are different from eligibility criteria of others, and

WHEREAS, the different criteria have caused confusion and hardships to the elderly of the Colorado River Indian Reservation,

NOW, THEREFORE, BE IT RESOLVED that the agencies of all levels of government coordinate their activities in order to establish a single set of eligibility criteria which is applicable to all program services that are available to the nation's Indian elderly, and

BE IT FURTHER RESOLVED that the eligibility criteria include:

1. That all Indians shall be eligible for all program services beginning with their 55th birthday, and
2. That income derived from trust property not be counted as income when determining eligibility in the category.

Conference Resolution No. 80-47

Submitted by the

COLORADO RIVER INDIAN TRIBES

WHEREAS, the senior citizens of the Colorado River Indian Reservation did meet in a White House Conference on Aging forum in Parker, Arizona on August 15, 1980 for the purpose of preparing for the 1981 White House Conference on Aging, and

WHEREAS, the concerns of the Indian aging are often times unique and different from other segments of the American community, and

WHEREAS, it appears that representation at the White House Conference by American Indians will be minimal at best, and

WHEREAS, the States will be given authority to select delegates to the 1981 White House Conference on Aging,

NOW, THEREFORE, BE IT RESOLVED that the President of the United States authorize additional delegate positions specifically for American Indians, of a number sufficient to insure an adequate representation of the National Indian Community, and

BE IT FURTHER RESOLVED that these additional delegates be selected by the Executive Board of the National Indian Council on Aging.

Conference Resolution No. 80-48

Submitted by

COLVILLE CONFEDERATED TRIBES OF WASHINGTON STATE HEALTH PROGRAMS

WHEREAS, the Colville Tribes and other tribes have legal services available for their Tribal elders, and

WHEREAS, Colville Tribes' needs assessment did not identify legal services as a priority, and

WHEREAS, the requirement to allocate Title VI monies for legal services takes away dollars that could be used to implement NEEDED services, and

WHEREAS, nutrition and information and referral are required services; transportation, housing, sanitation and water are expressed needs of Indian elderly,

NOW, THEREFORE, BE IT RESOLVED that legal services and other requirements of Title III should not also be required by Title VI if the purpose of Title VI is to address the unique cultural needs of Indian Tribes across the nation.

Conference Resolution No. 80-49

Submitted by the

CONFEDERATED TRIBES AND BANDS OF THE YAKIMA INDIAN NATION

WHEREAS, the Silent Witness to Whiteman's Sacred and Solemn Promise still stands guaranteed by the Fourteen Confederated Tribes and Bands of the Yakima Indian Nation in the signing of the sacred document June 9, 1855 (Treaty 12 Stat. 951) agreed and approved by both parties in conjunction as such perpetuity, and

WHEREAS, on June 2, 1855 both Governor Stevens and General Palmer, representing the United states Government and the Territory of Washington, said to the native treaty maker chiefs, "I see you have brought many more old native people here to listen to the treaty making and I expect you have left many more old members at home. Therefore, if you enter into a treaty with us, then we will do them good — both old and young — and will bring food, clothing, blankets and other necessary things for their needs and wants," and

WHEREAS, we are saying we are coming here together into a new era in the OLDER AMERICANS ACT to request and promote anew our past lifestyle as the first native people of the native country CREATED by the GREAT SPIRIT (Almighty God) and placed on the bosom of this part of the earth. Therefore the request of the Fourteen Confederated Tribes and Bands of the said Yakima Nation are:

1. Education
2. Health
3. Employment
4. Recreation
5. Exemption from Taxation
6. Respect for and the practice of customs, traditions, heritage, Christianity, discipline and integrity.
7. Gathering any and all CREATED native foods (roots and berries), game and fish.
8. Travel to neighboring tribes and bands.
9. And other necessary items in conjunction with our lifestyle since time immemorial.

THEREFORE, BE IT RESOLVED that we want the Older Americans Act funds to be made available for carrying out the above. We are basing our needs and wants and are requesting, according to the action taken in 1961 when the Older Americans Act was in discussion, that this act become law of this native country which we are natives throughout the United States wholly and in freedom accordingly took part with our white brothers and sisters to make and keep this native country free from all destruction and invasion.

Conference Resolution No. 80-50*

Submitted by the

ALL TRIBES SENIOR CITIZENS PROGRAM
DENVER, COLORADO

WHEREAS, An all tribes senior citizens program has been organized and established in Denver, Colorado namely the All Tribes Senior Citizens Program, and

WHEREAS, service for all elderly has been curtailed or denied through misunderstandings by staff of the social services organizations and all other charity organizations, and

WHEREAS, the federal government has no such provisions as monthly pensions, living expenses, nor any other forms of dole to these Indians as assumed by charitable organizations, and

WHEREAS, individuals are denied service simply because they are Indian, and as such are not included in available head counts for services through benign neglect, and

*At press time, this resolution had not been acted upon, but will be presented at the March 1981 meeting of the NICOA Board of Directors.

WHEREAS, these American elderly have no means of support otherwise, within any of the communities,

THEREFORE, BE IT RESOLVED that a fund of $250,000 be established from any available or existing funds, in order that the needs of the Indian elders in Denver may be addressed by the Denver All Tribes Senior Citizens Program.

Conference Resolution No. 80-51

Submitted by the

HOPI TRIBE

(Tribal Resolution #H-07-80)

WHEREAS, the Hopi Tribe delivers human services to their people which is one of the highest priorities of the Tribe, and

WHEREAS, the 91st Congress enacted Title XX of the Social Security Act (PL 93-647), a major source of social service funds authorizing appropriations for "Grants to State for Services," and combining in one Title the principle source of funds for social services, and

WHEREAS, Public Law 93-647 has been a substantial failure in meeting the needs of the Indian population and that substantial legal and cultural impediments prevent effective state administration of programs to the Indian population, and

WHEREAS, Title XX gives authority to the states to design their own social services program, and

WHEREAS, the present system of financing social services under Title XX precludes tribes from direct access to the important source of Federal funds, and

WHEREAS, the present system of state control of Title XX funds leaves to the discretion of states the availability and use of Title XX funds by Indian governments, and

WHEREAS, studies and conferences on the barriers to the delivery of certain social services to Indians, either conducted by the Department of Health, Education and Welfare (DHEW) or as completed under the auspices of that agency, have had as their major recommendation, that tribal governments must be more involved in the delivery of social services on the reservation, preferably through the direct federal funding of tribally run program, and

WHEREAS, Arizona tribes since 1975 have commonly expressed through the Inter-Tribal Council of Arizona a consistent position in support of amending Title XX to allow direct funding to tribal governments, and

WHEREAS, the current system of funding tribes through inter-governmental agreements and/or contract with the States does not recognize the special relationship Indians have with federal government,

NOW, THEREFORE, BE IT RESOLVED that the Hopi Tribe strongly urges the President and Congress to endorse the direct federal funding of Title XX of the Social Security Act, and

BE IT FURTHER RESOLVED that the State of Arizona and the National Indian Council on Aging are hereby requested to support this endeavor by the Indian Tribes.

Conference Resolution No. 80-52

Submitted by the

HOPI TRIBE

(Tribal Resolution #H-85-80)

WHEREAS, the Committee for the Hopi Elderly has been formally organized by adopting Articles and By-Laws for the purpose of reviewing, researching and making recommendations to the Hopi Tribal Council on issues related to the Elderly of the Hopi Tribe, and

WHEREAS, the Hopi Elderly Committee recognized its duty to meet the special needs of the Hopi Senior Citizens, including transportation, housing, nutrition, home care, senior citizen centers and especially the need for semi-skilled care facility on the Hopi reservation, and

WHEREAS, the nearest nursing home facility available is 300 miles from the center of the Hopi Reservation and that it is becoming increasingly difficult to find available space in these homes for placement of the eligible Hopi Elderly because of limited beds and lack of sufficient funding available from Bureau of Indian Affairs Social Services, and

WHEREAS, the placement of Hopi Elderly in off-reservation nursing homes is a separation from their traditional and cultural ties of the extended family unit causing traumatic experiences for them, resulting in serious consequences on their health and life expectancy, and

WHEREAS, the Hopi Health Committee has reviewed this matter and supports the efforts of the Committee for the Hopi Elderly to present this item to the National Indian Council on Aging, Inc. for acceptance and endorsement at their Third National Indian Conference on Aging at Albuquerque, New Mexico,

NOW, THEREFORE, BE IT RESOLVED that the National Indian Council on Aging support the Hopi Tribe in their efforts to establish a nursing home on the Hopi Reservation, and

BE IT FURTHER RESOLVED that such support include assistance to the Hopi Tribe in the direct action of funds and funding sources for planning, research and implementation of extended nursing care facilities for the Hopi Elderly.

Conference Resolution No. 80-53

Submitted by the

HOPI TRIBE

(Tribal Resolution #H-106-76)

WHEREAS, the Hopi Indian Tribe of Arizona is an independent, self-governing body politic by reason of its aboriginal right and existence and so recognized by the Government of the United States in its relations with the said Hopi Tribe, and

WHEREAS, in the exercise of this right of self-government the Hopi Tribe recognizes its duty to meet the special needs of its elderly citizens which includes, but are not limited to the needs of adequate housing, day care, nursing home care, adequate nutrition, education programs and access to convenient transportation, and

WHEREAS, these needs are viewed in the context of the Hopi way of life and therefore, must incorporate the cultural values and attitudes about aging and the role of the elderly in Hopi society within the structure of the clan and kinship system, and

WHEREAS, these cultural values and attitudes are not given equal weight or consideration in priority in determining eligibility criteria for Federal programs to benefit the elderly in the general society of the United States and as a consequence, the needs and priorities of the Hopi people are not accommodated under these circumstances which recognize standards and criteria not suited to the way in which the Hopi people envision enjoyment of life in old age, and

WHEREAS, it is the belief and a right of the Hopi Tribe, that programs for the elderly as well as all other tribal programs that benefit the Hopi people, are best achieved through the spirit and exercise of self-government as an incidence of its tribal sovereignty, and

WHEREAS, The Hopi Tribe, while given opportunity to participate in behalf of its elderly under the programs of the Administration on Aging, would be placed in a position of accepting programs and entitlements less than that to which the Hopi elderly have a right, because such programs of the Administration on Aging give States an intervening authority in determining programs for the tribal elderly which is contradictory to tribal-federal relations and because such programs rely on criteria, such as population statistics, which can be detrimental to Hopi opportunity for adequate benefits,

NOW, THEREFORE, BE IT RESOLVED, by the Hopi Tribal Council, that they approve and support any changes in the Older Americans Act of 1965, as amended, and related Acts, which will allow direct funding under the federal government for all programs to meet the special needs of its elderly, and to implement these programs consistent with its obligations to its citizens.

Conference Resolution No. 80-54

Submitted by the

BACA CHAPTER, NAVAJO NATION

WHEREAS, the Baca Chapter at its chapter meeting on August 21, 1980 pointed out the needs of the elderly in the Baca community and selected a candidate to represent the Baca Chapter at the National Indian Conference on Aging on September 8-10, 1980 in Albuquerque, New Mexico, and

WHEREAS, pursuant to Public Law 94-437 the law authorized additional funding for legislative goals and needs for the elderly, and

WHEREAS, the Baca Chapter is in dire need of home improvements, water and sanitation improvements, environmental improvements, school improvements, emergency health care and other unmet health needs, and

WHEREAS, the Baca Chapter hereby requests that the following be recognized: The Chapter's number one need is a senior citizens center; increased income for the senior citizens due to the rise in economy and living expenses; the monthly income needs to be adjusted; the nutrition need for Surplus Commodities as well as Food Stamps is most requested by the elderly; a healthier environment is needed; and an in-home service for the elderly who need proper care is deeply needed,

NOW, THEREFORE, BE IT RESOLVED that the Baca Chapter hereby requests for additional funding to achieve their goals and needs in physical well-being, increased income and a healthier environment.

Conference Resolution No. 80-55

Submitted by the

BODAWAY CHAPTER, NAVAJO NATION

WHEREAS, the elderly people of the Bodaway Chapter have continually stated their needs for:
a) adequate housing and improved roads
b) accessible and improved health care and medical assistance
c) ample supplies for heating and power for their homes
d) safe transportation to and from required services and needs
e) sources of income or subsistence to supplement small or no incomes of the elderly persons, and

WHEREAS, the elderly community have no or small fixed incomes and very few opportunities for additional support, or subsistence, and

WHEREAS, the elderly person(s) live in the most remote and inaccessible locations far from needed services and care, and with very little support from the more populated communities in assisting the elderly community, and

WHEREAS, the elderly people are in the least competitive position in seeking or obtaining their needs and services from the majority that no longer recognize the traditional position of the elderly person in the Navajo family structure, and

WHEREAS, the Bodaway Chapter has a unique and urgent need for community improvements because of its "freeze" or ban on community development imposed by the Navajo-Hopi Land Dispute, and

WHEREAS, the Bodaway Chapter is the most remote and farthest community from the Tribal Capital making it the least represented group of elderly persons,

NOW, THEREFORE, BE IT RESOLVED that the Bodaway Chapter hereby requests for the support and assistance of the Navajo Nation Council on Aging and the National Indian Council on Aging in obtaining services for needs in communities for elderly, and

BE IT FURTHER RESOLVED that the Bodaway Chapter endorses the Navajo Council on Aging and the National Indian Council on Aging in their efforts in seeking assistance for elderly people and for the young people (who will be elderly in the future) today.

Conference Resolution No. 80-56

Submitted by the

INDIAN WELLS CHAPTER, NAVAJO NATION

WHEREAS, the Indian Wells Chapter is a duly certified Chapter of the Navajo Nation in Arizona and as such may promote and preserve community interest, and

WHEREAS, the community of Indian Wells has 97 members that are over the age of 55 years, living in substandard housing that are poorly constructed, lacking running water and heating fuels, and

WHEREAS, eighteen (18) of the 97 elderlies are handicapped by aging, disabilities and problems with vision, hearing, and dental, thus limiting their abilities to fully provide for themselves without the assistance of others, and

WHEREAS, with numerous able and willing senior citizens in the community that are retired and could serve as resources for the elderlies in the area of providing a better comfortable living area, and

WHEREAS, the personnel, or stipends, for the Senior Companion Project is needed to assist and would greatly facilitate in the efforts to better the living environment of the elderlies socially, and spiritually,

NOW, THEREFORE, BE IT RESOLVED that the Indian Wells Chapter respectfully requests the Third National Indian Conference to support this resolution for improving the living conditions, medical and dental needs of the Elderly in the Indian Wells, Navajo Nation, Arizona Chapter.

Conference Resolution No. 80-57

Submitted by the

NAVAJO AGING SERVICES DEPARTMENT, NAVAJO NATION

WHEREAS, the needs of Indian Elderly was documented at 1971, 1976, 1978 and now 1980 Conference, and

WHEREAS, the recommendations have not been fully implemented by the responsible Federal agencies, and

WHEREAS, the Federal agencies have not requested from Congress the sufficient appropriations to provide the needed services,

NOW, THEREFORE, BE IT RESOLVED that the National Indian Council on Aging request a written report from all Federal agencies on what they have accomplished towards implementing the recommendations made and requesting appropriations needed to take action on the 1971, 1976, 1978, and 1980 Conferences.

Conference Resolution No. 80-58

Submitted by the

NAVAJO DELEGATION TO THE NATIONAL INDIAN CONFERENCE ON AGING

WHEREAS, no funds are available for education for our aging Navajos; none are existing at Navajo Community College, etc., and

WHEREAS, this project will benefit the youth and the elderly who are now widely separated, and

WHEREAS, the history of the Navajo Tribe will be preserved and the elders will have made this available to the youth,

NOW, THEREFORE, BE IT RESOLVED that the Federal government fulfill its trust responsibility and set forth funds in accordance with the terms of the treaty of 1868 between the U.S. Government, and the Navajo Tribe and all other existing treaties to tribes.

Conference Resolution No. 80-59

Submitted by the

NAVAJO DELEGATION TO THE NATIONAL INDIAN CONFERENCE ON AGING

WHEREAS, the elderly Navajo are concerned about the future of sacred ceremonies, songs, sand painting ceremonies, and others, and

WHEREAS, the medicine men and the traditional sacred ceremonies are against the destruction of human life, and therefore against the U.S. government permitting abortions, and

WHEREAS, the elderly Navajo also want to preserve their sacred mountains,

THEREFORE, BE IT RESOLVED that these concerns of the elderly Navajo be addressed by the Navajo Nation, the National Indian Council on Aging, and the U.S. government.

Conference Resolution No. 80-60

Submitted by the

NAVAJO NATION COUNCIL ON AGING and the NAVAJO DELEGATION TO THE 1980 NATIONAL INDIAN CONFERENCE ON AGING

WHEREAS, the numerous unmet needs of the Navajo Elderly have been clearly identified by previous Navajo Nation and National Conferences held in 1971, 1976, 1978, and 1980, and

WHEREAS, through local Senior Citizen Council and Chapter meetings the elderly have advocated and identified their needs, now

THEREFORE, BE IT RESOLVED that the National Indian Council on Aging support the Chapter Resolutions requesting assistance and support in their efforts to provide improved services in the following areas:

1. Health Care
2. Nutrition
3. Alternative Housing
4. Employment & Income
5. Transportation
6. Support Services

Conference Resolution No. 80-61

Submitted by the

NAVAJO NATION COUNCIL ON AGING and the NAVAJO NATION DELEGATION TO THE 1980 NATIONAL INDIAN CONFERENCE ON AGING

WHEREAS, the BIA has legislative responsibilities and authorization to provide services to the Indian elderly, under the Snyder Act, and the Indian Self-Determination Act, P.L. 93-638, and

WHEREAS, the Aging Services Department of the Navajo Tribe following BIA written guidelines submitted a proposal for services to Navajo elderly. In September, 1979, the BIA approved the proposal and entered into P.L. 93-638 Indian Self-Determination Act Contract with the Navajo Tribe. These funds were to be combined with Older Americans Act funds to provide nutrition and social services for Navajo elderly, and

WHEREAS, the Navajo Area BIA Office, acting under a directive issued by Commissioner of Indian Affairs, William Hallett, on January 17, 1980 notified the Tribe that BIA would not continue to fund the services. The Commissioner's directive set forth two reasons for the denial of continued BIA funding for services to the elderly:

1. The Older Americans Act of 1978 authorized the Administration on Aging (AoA) to provide grants to Indian Tribes, and inferentially relieved the BIA from responsibility for Indian elderly, and

2. BIA has no appropriated funds for the purpose, and

WHEREAS, BIA's refusal to fund aging programs for the Navajo Tribe violates the Age Discrimination Act of 1975 (ADA) and the Fifth Amendment to the United States Constitution, and

WHEREAS, nothing in the Older Americans Act legislation, including Title VI ("Grants for Indian Tribes") — or in Congressional intent underlying the law — negates the BIA's responsibility to the elderly. In fact, BIA's actions have violated the intent of Federal agencies to provide necessary and quality services to Indian elderly, and

WHEREAS, recent Acts of Congress, Supreme Court cases and Presidential policy statements and national aging policy reaffirms this principle for elderly services,

NOW, THEREFORE, BE IT RESOLVED that the Navajo Nation Council on Aging and the Navajo Delegation to the 3rd National Indian Conference on Aging request the National Indian Council on Aging to do the following:

1. Join as an advocate only, in the Navajo Nation elderly lawsuit against the Bureau of Indian Affairs for the purpose of insuring that the BIA meet their trust responsibility to the Indian elders,
2. Draft a Memorandum of Agreement with the Administration on Aging with the BIA and Indian health Services to assure the coordinated delivery of quality services to all Indian elderly in the nation with standardized definitions of eligibility which meets tribal service standards,
3. Prepare joint requests for appropriations for Congress which will provide quality services for elderly to be submitted through the BIA, Indian Health Services, and the AoA,
4. Request the Senate and House of Representatives Committees on Aging to join the National Indian Council on Aging in conducting a National Public Hearing in 1981 on the BIA trust responsibility to Indian elderly,
5. Request the Senate and House Interior Committees on Indian Affairs to direct BIA to submit a report to Congress on the services they provide to Indian elderly, the level of unmet needs, the plan of action to meet these needs, and to request sufficient appropriations to meet the needs. The plan of actions should be written with NICOA and the individual Tribes,
6. Congress direct the BIA to establish National Policy on Aging Services with NICOA to be reviewed and revised in regional public hearings where elderly Indian people and Tribal representatives testify,
7. Request assistance from the National Tribal Chairmen's Association, NIHB, National Congress of American Indians, Federal Council on Aging and National Aging Organizations to insure that the BIA takes immediate action to prepare a national policy on aging and to finance a quality and coordinated program which will be managed by the Tribes through the Indian Self-Determination Act.

Conference Resolution No. 80-62

Submitted by the

NAVAJO NATION COUNCIL ON AGING and the NAVAJO DELEGATION TO THE 1980 NATIONAL INDIAN CONFERENCE ON AGING

WHEREAS, the Bureau of Indian Affairs entered into a P.L. 93-638 Indian Self-Determination Act Contract with the Navajo Tribe to establish and stabilize elderly programs that will offer realistic alternatives to the institutionalization of Navajo elderly in September of 1979, and

WHEREAS, included in the 93-638 contract was provision for the establishment of a program for volunteer roles which would allow traditional elderly to help themselves and their peers to remain within their own environment through in-home caretaker services, and

WHEREAS, few volunteer, part-time, and full-time jobs currently exist for elderly to play a meaningful role in their community; to contribute their knowledge and experience; and to help themselves, and

WHEREAS, this program that provides a meaningful role for elderly to date has 75 elderly volunteers who provide daily services and personalized attention to over 600 high-risk or disabled elderly in cooperation with other locally based service providers, and

WHEREAS, the BIA's untimely decision not to recontract endangers this program, the volunteer work of 75 elderly, the vital services being received by over 600 high risk or disabled elderly clients, and is in the violation of the Snyder Act, the Age Discrimination Act, the Indian Self-Determination Act, and

WHEREAS, because of the BIA's untimely disclaiming of responsibility to the Navajo elderly on unjust grounds, thousands of elderly and elderly volunteers providing in-home service, will suffer undue hardship,

NOW, THEREFORE, BE IT RESOLVED that the National Indian Council on Aging, Inc., endorse and support the Navajo Tribe in continuation of meaningful alternatives to institutionalization of Navajo elderly through programs contained in the original 93-638 Indian Self-Determination Contract with the Bureau of Indian Affairs, including the Navajo Senior Companion Program, and

BE IT FURTHER RESOLVED that the National Indian Council on Aging, Inc., recognize the Bureau of Indian Affairs legal, moral and financial responsibility to the Navajo elderly under 93-638 Indian Self-Determination guidelines, and

BE IT FURTHER RESOLVED that the National Indian Council on Aging, Inc., reinforce and endorse the right for elderly to have sufficient volunteer and employment opportunities that allow them self-respect and human dignity, and

BE IT FURTHER RESOLVED that the National Indian Council on Aging request appropriate Federal agencies, including the Bureau of Indian Affairs, the Indian Health Service, the Administration on Aging, the Administration for Native Americans, CETA, and ACTION, the Federal volunteer agency, to fully clarify in writing their respective and equal responsibility to Indian elderly through inter-agency agreements, and to carry out such agreements within two years, and

BE IT FURTHER RESOLVED that if such Federal agencies alter, change, or minimize their responsibility to Indian elderly, those respective Federal agencies provide to the National Indian Council on Aging, Inc., a specific written policy statement fully justifying their reasons, with clear reference to published policy and related published regulations, for their actions.

Conference Resolution No. 80-63

Submitted by the

NAVAJO NATION COUNCIL ON AGING and the NAVAJO DELEGATION TO THE 1980 NATIONAL INDIAN CONFERENCE ON AGING

Requesting the support of the National Indian Council on Aging in recommending plans to Indian Health Service to implement Health Recommendations of 1976, 1978, and 1980 from Indian elderly throughout the country.

WHEREAS, IHS is requested to make Area action plans to implement 1976, 1978, and 1980 health recommendations, and

WHEREAS, IHS is requested to establish home health care services under tribal management as quickly as possible, and

WHEREAS, IHS is requested to secure advance training funds to train staff in delivery of home health services, and

WHEREAS, IHS is requested to set priorities on use of training funds for training professional and paraprofessionai staff, and

WHEREAS, Congress provide sufficient appropriations to implement P.L. 94-439, the Indian Health Care Improvement Act,

NOW, THEREFORE, BE IT RESOLVED that the Navajo Nation Council on Aging requests the support of the National Indian Council on Aging in recommending to Indian Health Service Specific Action plans from previous conference input.

Conference Resolution No. 80-64

Submitted by the

NAVAJO NATION COUNCIL ON AGING and the NAVAJO DELEGATION TO THE 1980 NATIONAL INDIAN CONFERENCE ON AGING

WHEREAS, at the request of the Navajo Nation Aging Services Department, the Navajo Tribe, that Dr. Haffner, Navajo Area Director, appoint Sophie Thompson to head Inter-government Task Force operating under and through the Area Agency on Aging and NICOA to formulate specific plans to implement the health recommendations of 1976, 1978, and 1980 conferences in the Navajo Nation. Such action plans should receive the highest priority where they can be implemented to immediately improve the delivery and coordination of services at the home, community, and service unit level. The elderly should be included as planners in the formulation of all health services such as home health care, dental, and others,

NOW, THEREFORE, BE IT RESOLVED that the National Indian Council on Aging support the request of the Navajo Aging Services Department, the Navajo Tribe, to appoint Sophie Thompson to head the Inter-government Task Force to implement health recommendations of 1976, 1978, and 1980 conferences in the Navajo Nation.

Conference Resolution No. 80-65

Submitted by the

NAVAJO NATION COUNCIL ON AGING and the NAVAJO DELEGATION TO THE 1980 NATIONAL INDIAN CONFERENCE ON AGING

Requesting support of the National Indian Council on Aging in recommending additional appropriations and changes in the regulations of Title VI, direct funding to Indian tribes, amending Older Americans Act of 1978, and requesting greater advocacy from the Administration on Aging.

WHEREAS, Congress included in the Comprehensive Older Americans Act Amendment of 1978 (P.L. 95-478) Title VI a provision to allow direct funding of aging programs to Indian Tribes, and

WHEREAS, the appropriation by Congress of $6,000,000 for Title VI is insufficient and must be increased to a least $25,000,000 to address the identified unmet needs with an allocation formula included in the regulations based on population, need and rural factor to insure that services to Indian elderly, and

WHEREAS, the Administration on Aging must assume the lead role in the coordination of service and funding efforts between the Bureau of Indian Affairs and the Indian Health Services to insure quality services are delivered to Indian elderly, and

WHEREAS, an amendment to the Older Americans Act is needed to specifically include the responsibilities of BIA, Department of Interior and Indian Health Services, Department of Health and Human Services for services to Indian elderly,

NOW, THEREFORE, BE IT RESOLVED that the Navajo Nation Council on Aging and the Navajo delegation to the 3rd National Indian Conference on Aging requests the endorsement and support of the following issues for Congress and the Administration on Aging, and the advocacy of the NICOA staff to insure their implementation:

1. Amending Title VI to include an allocation formula based upon population, need and rural factor,
2. Amending the Older Americans Act to include specific language as to the responsibilities of BIA and IHS for services to Indian elderly,
3. Increase the appropriations for Title VI to $25,000,000 to meet the identified unmet needs documented since 1971,
4. Request the Administration on Aging with NICOA to take the lead role in finalizing a written Coordination Agreement between AoA, BIA and IHS to insure the planning funding and delivery of coordinated services in the community.

Conference Resolution No. 80-66

Submitted by the

OKLAHOMA INDIAN COUNCIL ON AGING and the OKLAHOMA DELEGATION TO THE 1980 NATIONAL INDIAN CONFERENCE ON AGING

WHEREAS, the Oklahoma Indian Council on Aging and the Oklahoma delegation to the 1980 National Indian Conference on Aging requests the support of the Third National Indian Conference on Aging to request the establishment and implementation of an Indian Desk within the Administration on Aging in Washington, D.C. to administer Title VI of the Older Americans Act, "Direct Funding to Indian Tribes", and

WHEREAS, funds appropriated for Title VI programs are not adequate to facilitate programs designed to address the unmet needs of the Indian elderly, and

WHEREAS, funds appropriated for an Indian Desk within the Administration on Aging will not be taken from Title VI appropriations, and

WHEREAS, the Indian Desk will provide the elderly Indian community, nationwide, direct access to the Administration on Aging concerning specific problems, unmet needs, technical assistance and program development for their respective areas,

NOW, THEREFORE, BE IT RESOLVED that the Third National Indian Conference on Aging supports the efforts of the Oklahoma elderly Indian representatives to seek the establishment of an Indian Desk within the Administration on Aging for the administration of Title VI programs and assistance to Indian tribes and organizations.

Conference Resolution No. 80-67*

Submitted by the

OKLAHOMA INDIAN COUNCIL ON AGING

WHEREAS, The Federally-recognized Tribes of the State of Oklahoma have been subject to discrimination concerning the administration of Federal programs that are beneficial to the livelihood of the Indian people because of the use of the word "reservation" in the requirements of Federal programs, and

WHEREAS, over 100,000 Indians reside in the State of Oklahoma according to the 1980 Census figures, and

WHEREAS, approximately 36 Federally-recognized Indian Tribes reside in the State of Oklahoma, and

WHEREAS, the tribal lands of Federally-recognized Indian tribes in Oklahoma are not designated as "reservations", and

WHEREAS, the Federally-recognized Indian Tribes of Oklahoma have tribal jurisdictional boundaries defined by treaties and are responsible for providing services to the Indians residing within those boundaries, and

WHEREAS, some Federal programs do provide in their eligibility criteria for tribes to administer programs, the applicable terminology should include the Oklahoma tribes, and

WHEREAS, the United States Department of Agriculture (USDA) does not allow the Indian tribes to administer the food stamp and commodity programs to their tribal constituents residing within their jurisdictional boundaries because of their non-reservation status.

NOW, THEREFORE, BE IT RESOLVED that all Federal agencies adopt the definition prescribed in P.L. 93-638 (the Indian Self-Determination Act).

BE IT FURTHER RESOLVED that the National Indian Conference on Aging support the efforts of the Indian tribes in Oklahoma to be included in the eligibility of any or all Federal program requirements that are afforded the "reservation tribes", and

BE IT FURTHER RESOLVED that the Federally-recognized tribes of Oklahoma be determined eligible to administer the USDA Fod Stamp and commodity programs that will be beneficial to the approximately 20,000 elderly Indians in Oklahoma.

*At press time, this resolution had not been acted upon, but will be presented at the March 1981 meeting of the NICOA Board of Directors.

Conference Resolution No. 80-68

Submitted by the

OKLAHOMA INDIAN COUNCIL ON AGING and the OKLAHOMA DELEGATION TO THE 1980 NATIONAL INDIAN CONFERENCE ON AGING

WHEREAS, the Congress of the United States has recognized the urgent needs of the elderly in providing bills and has designated the Department of Health and Human Services as the agency responsible for this program, and

WHEREAS, the Indian elderly were also intended to receive these program benefits of assistance in paying fuel bill costs, and

WHEREAS, previously set aside funds for Indian tribes and tribal organizations have for three years been successfully administered, and

WHEREAS, the State of Oklahoma's Indian citizenry look upon their tribal governments as the basic provider of needed social services, and

WHEREAS, the states' Indian elderly are reluctant to apply for assistance through local welfare offices, and

WHEREAS, the state's Indian people will not be adequately served if not administered by tribal government administrations, and

WHEREAS, it is incumbent upon all agencies of the Federal government to recognize the governmental capacity and responsibility of the respective tribal government to provide basic services to their tribal members.

NOW, THEREFORE, BE IT RESOLVED that the National Indian Conference on Aging support the efforts of the Oklahoma Council on Aging and the delegation of Oklahoma Indian elderly in seeking the opportunity for Indian tribes and organizations to administer the Emergency Energy Crisis Assistance Program to low income and Indian elderly.

Conference Resolution No. 80-69

Submitted by the

PUEBLOS OF LAGUNA AND NAMBE

NEW MEXICO

WHEREAS, White House Conference on Aging Community Forums were held during the month of July, 1980 at the Pueblo of Laguna and the Pueblo of Nambe on the issues of the health of the Elderly, and

WHEREAS, 90% of the participants consisted of Indian Elderly people representing various Pueblos and as recipients of Indian Elderly programs, and

WHEREAS, the special problems of health of the Indian elderly were discussed and recommendations were made regarding the resolution of these problems, and

WHEREAS, it is the desire of those participants to make their recommendations known for the record to the National Indian Council on Aging at its national conference.

NOW, THEREFORE, BE IT RESOLVED that the following needs as identified at the Laguna and Nambe forums on the health of the elderly be recognized and made known to all Indian participants and made a part of the record of the conference:

- give priority and develop a home repair and maintenance program for the Elderly,
- teach respect for the elderly and insure that service providers treat the elderly with respect and courtesy,
- provide services in the home for handicapped and elderly living alone, e.g. home health, chore service, meals, phone,
- reduce waiting time for elderly in hospitals and clinics,
- provide information on services and resources for the elderly; e.g. Medicare/ Medicaid,
- develop a coordinated transportation system,
- develop elderly care center convenient to the reservation,
- provide employment opportunities for the elderly,
- provide mobile units to travel in the field to provide health screening and care for the elderly,
- provide interpreters at Indian Health Service facilities and meetings for the elderly.

Conference Resolution No. 80-70

Submitted by the

SISSETON-WAHPETON SIOUX TRIBE OF THE LAKE TRAVERSE RESERVATION

SISSETON, SOUTH DAKOTA

(Tribal Elderly Program, Elderly Advisory Board, Inc., Resolution 80-03)

WHEREAS, the Sisseton-Wahpeton Sioux of the Lake Traverse Reservation is organized under a Constitution and By-laws adopted by the members of the Tribe on August 1-2, 1966; approved by the Commissioner of Indian Affairs on August 25, 1966; and

WHEREAS, Executive Resolution No. 79-10, that the Sisseton-Wahpeton Sioux Tribal Council does hereby recognize the Elderly Advisory Board, Inc. and its Constitution and By-laws as a private non-profit organization, and

WHEREAS, the tribal Elderly Program's Elderly Advisory Board, Inc. has continuously discussed and expressed their concern for a nursing home on the reservation that would be administered and staffed by Indian people, and

WHEREAS, at this time, the Elderly Advisory Board, Inc. of the Sisseton-Wahpeton Sioux Tribes knows of no funding or national concern for nursing homes,

NOW, THEREFORE, BE IT RESOLVED that the Elderly Advisory Board, Inc., take the position of full support for the National Indian Council on Aging to address this concern nationally, and

BE IT FURTHER RESOLVED that the elderly organizations, the council, and all other concerned organizations, Bureau of Indian Affairs, Indian Health, aid in this effort to provide services to Elderly Native Americans.

Conference Resolution No. 80-71

Submitted by the

SISSETON-WAHPETON SIOUX TRIBE OF THE LAKE TRAVERSE RESERVATION

SISSETON, SOUTH DAKOTA

(Tribal Elderly Program, Elderly Advisory Board, Inc., Resolution Number 80-04)

WHEREAS, the Sisseton-Wahpeton Sioux Tribe of the Lake Traverse Reservation is organized under a Constitution and By-Laws adopted by the members of the Tribe on August 1-2, 1966; approved by the Commissioner of Indian Affairs on August 25, 1966; and

WHEREAS, Executive Resolution No. 79-10, that the Sisseton-Wahpeton Sioux Tribal Council does hereby recognize the Elderly Advisory Board, Inc. and its constitution and By-laws as a private non-profit organization; and

WHEREAS, the Elderly Advisory Board of Sisseton-Wahpeton Sioux Tribe has continuously expressed its desire to seek funds to operate its own in-home services program, staffed and administered by Indian people, and

WHEREAS, they have been unable to find such funds from HHS, HSA, and the AoA,

NOW, THEREFORE, BE IT RESOLVED that the Third National Indian Conference on Aging introduce and address this concern to Health and Human Services, Health Services Administration, Indian Health Service, Bureau of Indian Affairs, and the Administration on Aging.

Conference Resolution No. 80-72

Submitted by the

TACOMA (WASHINGTON) URBAN INDIAN SENIOR CITIZENS

under the sponsorship of the PUYALLUP TRIBE OF WASHINGTON

WHEREAS, a significant proportion of the elderly widows live on fixed income, and

WHEREAS, the majority of such income is spent on basic needs such as medical care, hospitalization, home maintenance, etc., and

WHEREAS, some have to pay income tax on civil services annuities which constitutes double taxation,

NOW, THEREFORE, BE IT RESOLVED that the Bureau of Indian Affairs and the Indian Health Service must fulfill the federal government commitment to provide services to meet the needs of our people.

Conference Resolution No. 80-73

Submitted by the

TRIBAL ELDERS PROGRAM, PSA VII, MONTANA

WHEREAS, the Tribal Elders Program of Montana is one of seven Indian Area Agencies on Aging in the Nation, and the only one composed of non-contiguous reservations, and

WHEREAS, the Tribal Elders Program has become acutely aware of the many and diverse needs of Montana's rural Indian elderly, and

WHEREAS, the following recommendations, if implemented, would directly impact the service delivery and quality of services delivered to the rural and reservation Montana elderly,

NOW, THEREFORE, BE IT RESOLVED that more emphasis should be placed on providing services to rural Indian elders, and

BE IT FURTHER RESOLVED that a minimum of 25 million dollars should be allocated for Title VI, Direct Funding for Indian elders, and

BE IT FURTHER RESOLVED that NICOA should serve as a national contractor for employment services for elders (CETA, Green Thumb, ACTION, etc.), and

BE IT FURTHER RESOLVED that more transportation funds need to be allocated and direct funded to tribes, since we see transportation as one of our greatest needs, and

BE IT FURTHER RESOLVED that a separate eligibility criteria should be established for elderly that does not consider lease incomes received periodically and small savings as financial resources, and

BE IT FURTHER RESOLVED that the age limitation for service delivery should be lowered to 45 and additional funds allocated for these people.

APPENDIX C

CONGRESSIONAL COMMITTEES CONCERNED WITH INDIAN ELDERS

CONGRESSIONAL COMMITTEES

As requested by Conference participants, the National Indian Council on Aging is including in this report a listing of Congressional committees which handle issues relating to the Indian elderly.

Senate Appropriations Committee

S-128 U.S. Capitol
Washington, D.C. 20510
(202) 224-3471

REPUBLICANS

*Mark Hatfield (OR)
Chairman
*Ted Stevens (AK)
*Lowell Weicker (CT)
James McClure (ID)
Paul Laxalt (NV)
Jake Garn (UT)
*Harrison Schmitt (NM)
Fred Cochran (Miss.)
*Mark Andrews (ND)
*James Abdnor (SD)
Robert Kasten (WI)
Alfonso d'Amato (NY)
Mac Mattingly (GA)
*Warren Rudman (NH)
Arlen Specter (PA)

DEMOCRATS

*William Proxmire (WI)
Ranking Minority Member
John Stennis (Miss.)
*Robert Byrd (WV)
*Daniel Inouye (HI)
*Ernest Hollings (SC)
*Thomas Eagleton (MO)
*Lawton Chiles (FL)
J. Bennett Johnston (LA)
Walter Huddleston (KY)
*Quentin Burdick (ND)
Patrick Leahy (VT)
Jim Sasser (TN)
Dennis DeConcini (AZ)
Dale Bumpers (Ark.)

*Indicates members of the subcommittee on Labor-HEW (Harrison Schmitt, chairman; William Proxmire ranking minority member).

Senate Budget Committee

301 First Street, NE
Washington, D.C. 20510
(202) 224-0642

REPUBLICANS

Pete Domenici (NM)
Chairman

William Armstrong (CO)

Nancy Kassebaum (KS)

Rudy Boschwitz (MN)

Orrin Hatch (UT)

John Tower (TX)

Mark Andrews (ND)

Steven Symms (ID)

Charles Grassley (IA)

Robert Kasten (WI)

Dan Quayle (IN)

Slade Gorton (WA)

DEMOCRATS

Ernest Hollings (SC)
Ranking Minority Member

Lawton Chiles (FL)

Joseph Biden, Jr. (DE)

J. Bennett Johnston (LA)

Jim Sasser (TN)

Gary Hart (CO)

Howard Metzenbaum (OH)

Donald Riegle, Jr. (Mich.)

Daniel Moynihan (NY)

J. James Exon (NB)

Senate Labor and Human Resources Committee

4230 Dirksen Senate Office Building
Washington, D.C. 20510
(202) 224-5375

REPUBLICANS

Orrin Hatch (UT)
Chairman

Robert Stafford (VT)

Dan Quayle (IN)

Paula Hawkins (FL)

Don Nickles (OK)

Lowell Weicker (CT)

Gordon Humphrey (NH)

Jeremiah Denton (AL)

John East (NC)

DEMOCRATS

Edward Kennedy (Mass.)
Ranking Minority Member

Jennings Randolph (WV)

Harrison Williams (NJ)

Claiborne Pell (RI)

Thomas Eagleton (MO)

Donald Riegle (Mich.)

Howard Metzenbaum (OH)

Select Committee on Indian Affairs

U.S. Senate
Washington, D.C. 20510
(202) 224-2251

REPUBLICANS

William Cohen (Maine)
Chairman

Barry Goldwater (AZ)

Mark Andrews (ND)

Slade Gorton (WA)

DEMOCRATS

John Melcher (Mont.)
Ranking Minority Member

Daniel Inouye (HI)

Dennis DeConcini (AZ)

Senate Special Committee on Aging

G-233 Dirksen Senate Office Building
Washington, D.C. 20510
(202) 224-5364

REPUBLICANS

John Heinz (PA)
Chairman

Pete Domenici (NM)

Charles Percy (IL)

Nancy Kassebaum (KS)

William Cohen (Maine)

Larry Pressler (SD)

Charles Grassley (IA)

David Durenburger (Minn.)

DEMOCRATS

Lawton Chiles (FL)
Ranking Minority Member

John Glenn (OH)

John Melcher (Mont.)

David Pryor (Ark.)

Bill Bradley (NJ)

Quentin Burdick (ND)

Christopher Dodd (CT)

Appropriations Committee

U.S. House of Representatives
H-218 Capitol
Washington, D.C. 20515
(202) 225-2771

DEMOCRATS

Jamie Whitten (Miss.)
Chairman

Edward Boland (Mass.)

William Natcher (KY)

Neal Smith (IA)

Joseph Addabbo (NY)

Clarence Long (MD)

Sidney Yates (IL)

David Obey (WI)

Edward Roybal (CA)

Louis Stokes (OH)

Tom Bevill (AL)

Bill Chappell, Jr. (FL)

Bill Alexander (Ark.)

John Murtha (PA)

Bob Traxler (Mich.)

Joseph Early (Mass.)

Charles Wilson (TX)

Lindy Boggs (LA)

Adam Benjamin, Jr. (IN)

Norman Dicks (WA)

Matthew McHugh (NY)

Bo Ginn (GA)

William Lehman (FL)

Jack Hightower (TX)

Martin Sabo (MN)

Julian Dixon (CA)

Vic Fazio (CA)

W. G. Hefner (NC)

Les AuCoin (OR)

Daniel Akaka (HI)

Wes Watkins (OK)

William Gray III (PA)

Bernard Dwyer (NJ)

REPUBLICANS

Silvio Conte (Mass.)
Ranking Minority Member

Joseph McDade (PA)

Jack Edwards (AL)

John Myers (IN)

J. Kenneth Robinson (VA)

Clarence Miller (OH)

Lawrence Coughlin (PA)

C. W. Young (FL)

Jack Kemp (NY)

Ralph Regula (OH)

Clair Burgener (CA)

George O'Brien (IL)

Virginia Smith (NB)

Eldon Rudd (AZ)

Carl Pursell (Mich.)

Mickey Edwards (OK)

Robert Livingston (LA)

S. William Green (NY)

Tom Loeffler (TX)

Jerry Lewis (CA)

Carroll Campbell, Jr. (SC)

John Porter (IL)

Committee on the Budget

U.S. House of Representatives
214 House Annex No. 1
Washington, D.C. 20515
(202) 225-7200

DEMOCRATS

James Jones (OK)
Chairman

Jim Wright (TX)

David Obey (WI)

Paul Simon (IL)

Norman Mineta (CA)

Jim Mattox (TX)

Stephen Solarz (NY)

Timothy Wirth (CO)

Leon Panetta (CA)

Richard Gephardt (MO)

Bill Nelson (FL)

Les Aspin (WI)

W. G. Hefner (NC)

Thomas Downey (NY)

Adam Benjamin, Jr. (IN)

Brian Donnelly (Mass.)

Beryl Anthony, Jr. (Ark.)

Phil Gramm (TX)

REPUBLICANS

Delbert Latta (OH)
Ranking Minority Member

Ralph Regula (OH)

Bud Shuster (PA)

Bill Frenzel (MN)

Jack Kemp (NY)

James Martin (NC)

Paul Trible, Jr. (VA)

Ed Bethune (Ark.)

Lynn Martin (IL)

Albert Smith, Jr. (AL)

Eugene Johnston (NC)

Bobbi Fiedler (CA)

Select Committee on Aging

U.S. House of Representatives
712 House Annex No. 1
Washington, D.C. 20515
(202) 225-9375

DEMOCRATS

Claude Pepper (FL)
Chairman

Edward Roybal (CA)

Mario Biaggi (NY)

Ike Andrews (NC)

John Burton (CA)

Don Bonker (WA)

Thomas Downey (NY)

James Florio (NJ)

Harold Ford (TN)

William Hughes (NJ)

Marilyn Bouquard (TN)

Jim Santini (NV)

David Evans (IN)

Stanley Lundine (NY)

Mary Rose Oakar (OH)

Thomas Luken (OH)

Geraldine Ferraro (NY)

Beverly Byron (MD)

William Ratchford (CT)

Dan Mica (FL)

Henry Waxman (CA)

Michael Synar (OK)

Eugene Atkinson (PA)

Butler Derrick (SC)

Bruce Vento (MN)

Barney Frank (Mass.)

Tom Lantos (CA)

Robert Shamansky (OH)

Ron Wyden (OR)

REPUBLICANS

Matthew Rinaldo (NY)
Ranking Minority Member

William Wampler (NV)

John Paul Hammerschmidt (Ark.)

Marck Marks (PA)

Ralph Regula (OH)

Robert Dornan (CA)

Norman Shumway (CA)

Olympia Snowe (Maine)

Daniel Lungren (CA)

Millicent Fenwick (NJ)

James Jeffords (VT)

Doug Bereuter (NB)

Thomas Tauke (IA)

Thomas Petri (WI)

Judd Gregg (NH)

Dan Coats (IN)

George Wortley (NY)

Hal Daub (NB)

Larry Craig (ID)

Pat Roberts (KS)

Bill Hendon (NC)

Gregory Carman (NY)

Committee on Interior and Insular Affairs

U.S. House of Representatives
1324 Longworth House Office Building
Washington, D.C. 20515
(202) 225-2761

DEMOCRATS

Morris Udall (AZ)
Chairman

Phillip Burton (CA)
Robert Kastenmeier (WI)
Abraham Kazen, Jr. (TX)
Jonathan Bingham (NY)
John Seiberling (OH)
Antonio Won Pat (Guam)
Jim Santini (NV)
James Weaver (OR)
George Miller (CA)
James Florio (NJ)
Philip Sharp (IN)
Edward Markey (Mass.)
Baltasar Corrada (Puerto Rico)
Austin Murphy (PA)
Nick Joe Rahall II (WV)
Bruce Vento (Minn.)
Jerry Huckaby (LA)
Jerry Patterson (CA)
Ray Kogovsek (CO)
Pat Williams (Mont.)
Dale Kildee (Mich.)
Tony Coelho (CA)
Beverly Byron (MD)
Ron de Lugo (Virgin Islands)
Samuel Gejdenson (CT)

REPUBLICANS

Manuel Lujan, Jr. (NM)
Ranking Minority Member

Don Clausen (CA)
Don Young (AK)
Robert Lagomarsino (CA)
Dan Marriott (UT)
Ron Marlenee (Mont.)
Richard Cheney (WY)
Charles Pashayan (CA)
Douglas Bereuter (NB)
Jon Hinson (Miss.)
David Martin (NY)
Larry Craig (ID)
William Hendon (NC)
Hank Brown (CO)
David Staton (WV)
Denny Smith (OR)
James Hansen (UT)